

= Supplied as Standard
 = Tick if Required
 * = Measurement Required to Complete Prescription

TITLE:
BACK INTERFACE AND CUSHIONS
 (QMFA3) May 2014



Date:
 Wheelchair Service:

Delivery Address:

Contact:

Client:

Wheelchair Information:

Manufacturer: _____

Model: _____

Seat Size: _____

Any Additional Details:

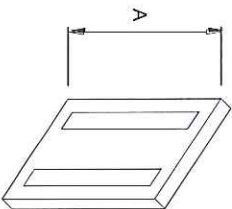
BACK INTERFACE AND CUSHIONS

BACK INTERFACE
 (Please Tick if Required)

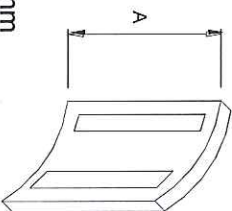
FLAT
 (Please Tick if Required)

CURVED
 (Please Tick if Required)

FOAMEX BACKING
 (Please Tick if Required)
 Tie Tape Interface,
 No Brackets Required



Height *
 A = _____ mm



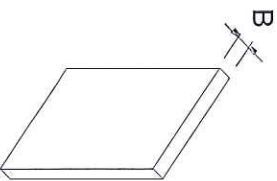
Interface Brackets (Tick as Required)	Seat to Back Angle (Tick as Required)
Fixed Depth <input type="checkbox"/>	90° <input checked="" type="checkbox"/>
Lock & Latch <input type="checkbox"/>	95° <input type="checkbox"/>
Pin Lock <input type="checkbox"/>	100° <input type="checkbox"/>
Or	105° <input type="checkbox"/>
Adjustable Depth Lock & Latch <input type="checkbox"/>	

BACK CUSHIONS

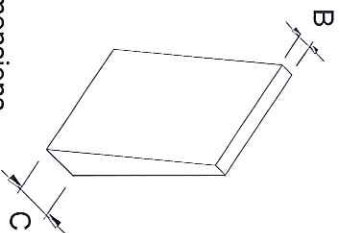
FLAT
 (Please Tick if Required)

WEDGE
 (Please Tick if Required)

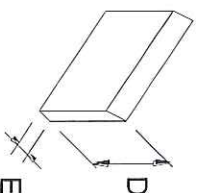
SACRAL PAD
 (Please Tick if Required)



Dimensions
 B = 25mm
 Or
 Specify _____ mm



Dimensions
 B = 25mm
 Or
 Specify _____ mm
 C = 50mm
 Or
 Specify _____ mm



Dimensions
 * D _____ mm
 * And
 * E _____ mm

THORACIC SUPPORT
 (Please Tick if Required)

Complete Form No.
 THORASS-02MIL 01/05

Upholstery:
 Colour Black
 Or
 Specify _____
 (Alternative Upholstery and Colours available on Request)

Attachment to Interface
 (Please Tick if Required)
 Velcro Attached
 Or
 (One Piece)
 Cushion Foam
 (Alternative Foams on Request)

Assessment carried out by:

Sheet of



REHABILITATION MANUFACTURING SERVICES
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 Sittingbourne, Kent.
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 www.inneedawheelchair.co.uk