

Assessment DRAWING SHEET

(QMF 44b)

TITLE:

CHANNEL ARMREST PAD

(Dimensions in mm, unless otherwise specified)



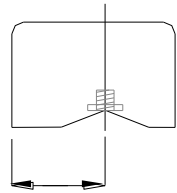
Date:

Wheelchair Service:

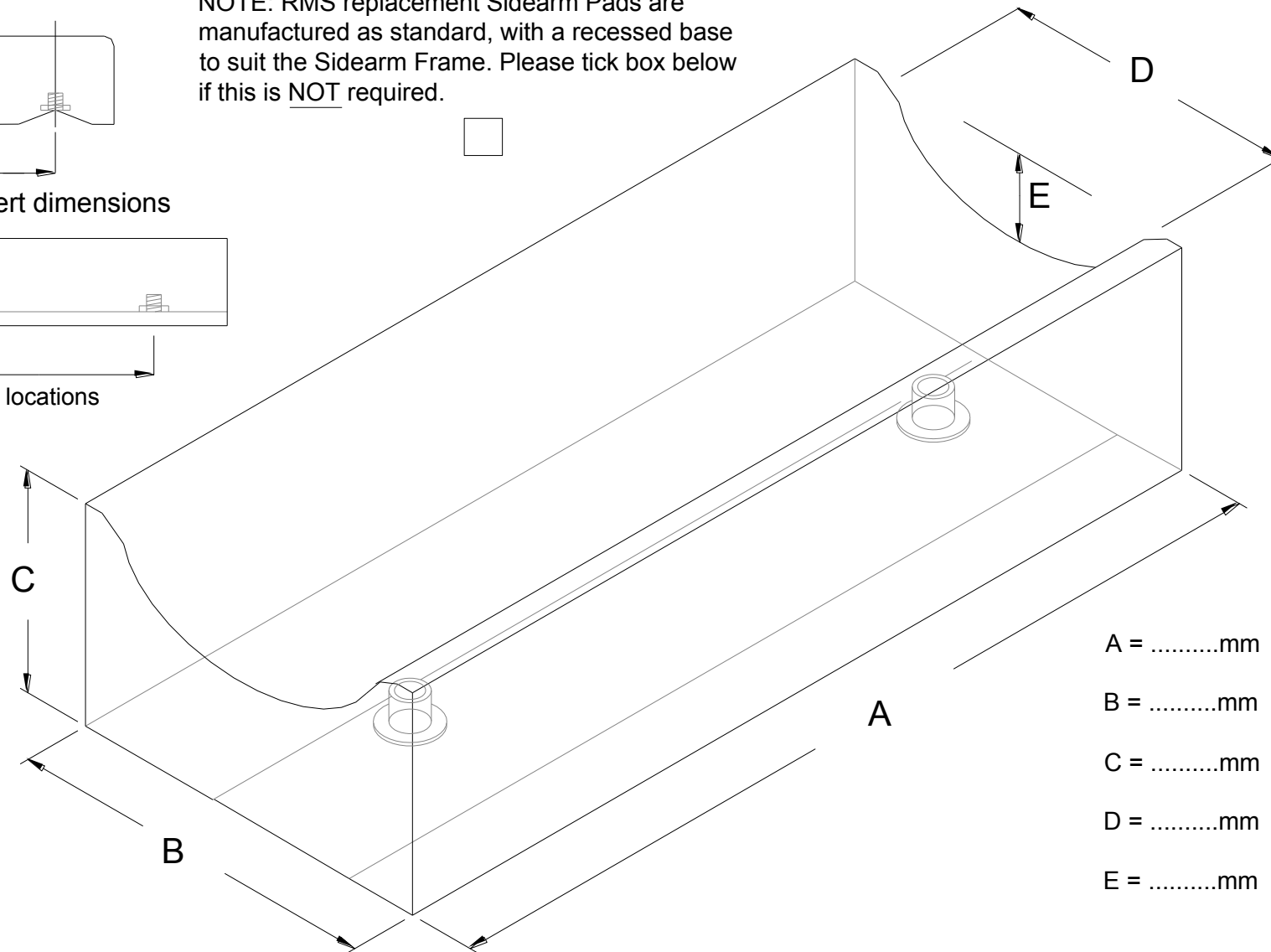
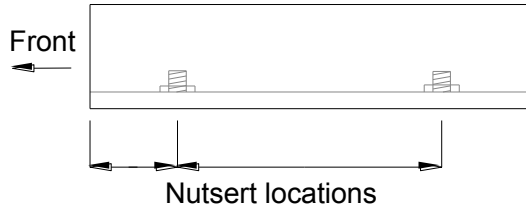
Delivery Address:

NOTE: Unless otherwise specified, all materials used in construction will be those considered most appropriate by the manufacturer.

NOTE: RMS replacement Sidearm Pads are manufactured as standard, with a recessed base to suit the Sidearm Frame. Please tick box below if this is NOT required.



Please insert dimensions



A =mm

B =mm

C =mm

D =mm

E =mm

Contact:

Client:

Wheelchair Information:

Make: _____

Model: _____

Seat Size: _____

Materials to be used:

Finish:

Additional Information:



Tel: 01795 477280
 Fax: 01795 229692
 email: sales@rms-kent.co.uk
 www.ineedawheelchair.co.uk

Assessment carried out by:

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