| Assessment |
|-------------------|
| DRAWING SHEET |

POMMEL

TITLE:

Date:

Wheelchair Service:

Delivery Address:

(QMF 45)

В

(Dimensions in mm, unless otherwise specified)

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

Please Tick

MOUNTING TYPE REQUIRED

Α

D

Contact:

Client:

Wheelchair Information:

Make:

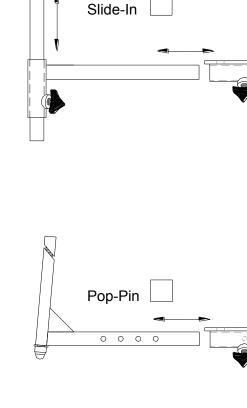
Model:

Seat Size:

Materials to be used:

Finish:

Additional Information:



A =mm

B =mm

C =mm

D =mm



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www.ineedawheelchair.co.uk

Assessment carried out by:

of

Sheet