

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

TITLE:

BACK INTERFACE AND CUSHIONS

(QMF43)

Date:

Wheelchair Service:



Delivery Address:

BACK INTERFACE
(Please Tick if Required)

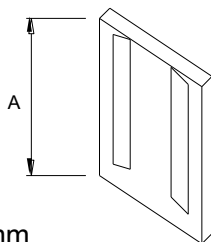
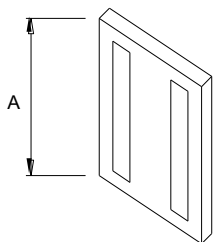
FLAT
(Please Tick if Required)

CURVED
(Please Tick if Required)

Interface Brackets
(Tick as Required)

Seat to Back Angle
(Tick as Required)

FOAMEX BACKING
(Please Tick if Required)



Height *
A = _____ mm

Fixed Depth

90°

Lock & Latch

95°

Pin Lock

100°

Or

105°

Adjustable Depth

Lock & Latch

Tie Tape Interface,
No Brackets Required

Contact:

Client:

Wheelchair Information:

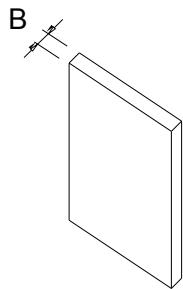
Manufacturer: _____

Model: _____

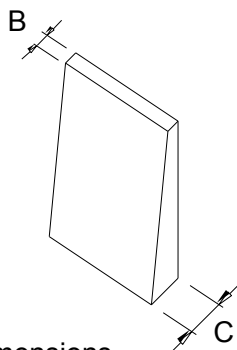
Seat Size: _____

BACK CUSHIONS

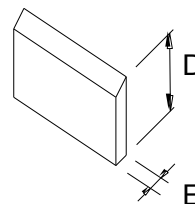
FLAT
(Please Tick if Required)



WEDGE
(Please Tick if Required)



SACRAL PAD
(Please Tick if Required)



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)

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-02ML 01/05

Any Additional Details:

RMS Ltd
Gillingham
Kent
ME7 4QX

Tel: 01634-578881
Fax: 01634-581456
email: sales@rms-kent.co.uk
www.ineedawheelchair.co.uk

Assessment carried out by: