Assessment DRAWING SHEET

ARMREST PAD

TITLE:

Date:

Wheelchair Service:

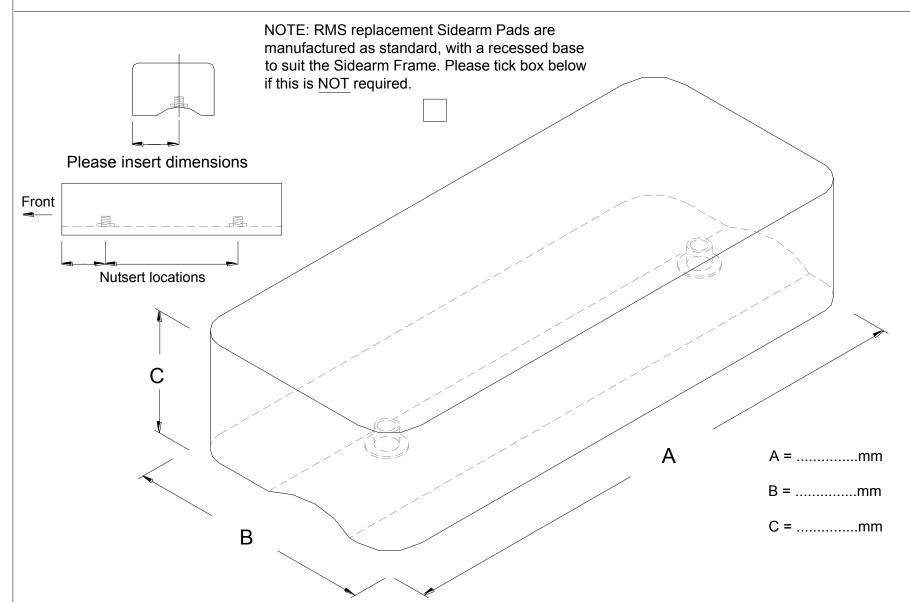
Delivery Address:

(QMF 44)

(Dimensions in mm, unless otherwise specified)

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



Contact:

Client:

Wheelchair Information:

Make:

Model:

Seat Size:

Materials to be used:

Finish:

Additional Information:



Thompson House, Unit 10, Styles Close, Sittingbourne, Kent ME10 3BF

email: sales@rms-kent.co.uk

www.ineedawheelchair.co.uk

Assessment carried out by:

Sheet of