


# Assessment DRAWING SHEET

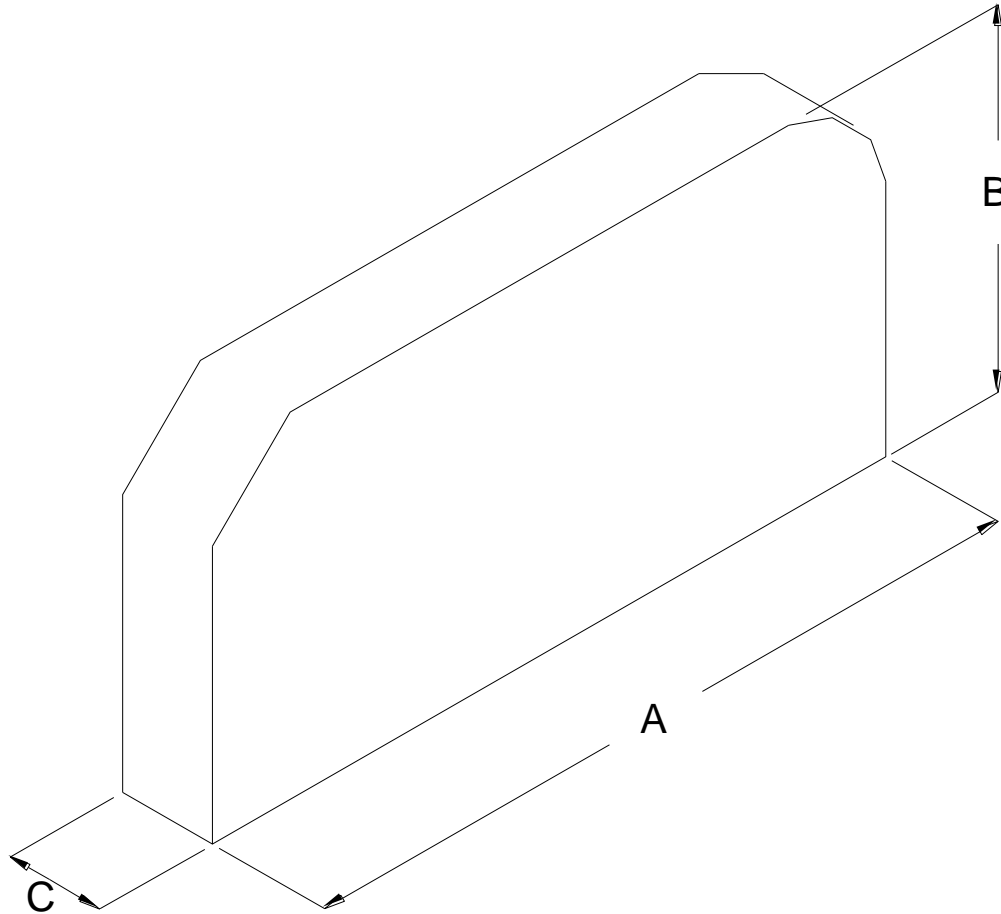
(QMF 46)

TITLE:  
**SIDEARM INFILL PADS**  
(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.



A = .....

B = .....

C = .....

Contact:

Client:

Wheelchair Information:

Make: \_\_\_\_\_

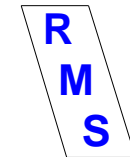
Model: \_\_\_\_\_

Seat Size: \_\_\_\_\_

Materials to be used:

Finish:

Additional Information:



**RMS Ltd**  
Gillingham  
Kent  
ME7 4QX

Tel: 01634-578881  
01634-572513

Fax: 01634-581456

email: sales@rms-kent.co.uk  
www.ineedawheelchair.co.uk

Assessment carried out by:

Sheet of