



MEDWAY HOUSE  
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**Saddle 7 Cushion Order Form**

Wheelchair Service:..... Date:.....  
 Client Name:..... Tel no:.....  
 Contact Name:..... Email:.....  
 Address details for estimate/Invoicing:.....  
 .....  
 .....Post Code: .....



**INSTRUCTIONS:**  
 Please complete at least section 1 and section 2  
**SECTION 1.** Select width by depth  
 If custom size is required please go to Saddle 7 custom sheet.  
**SECTION 2.** Select accessories

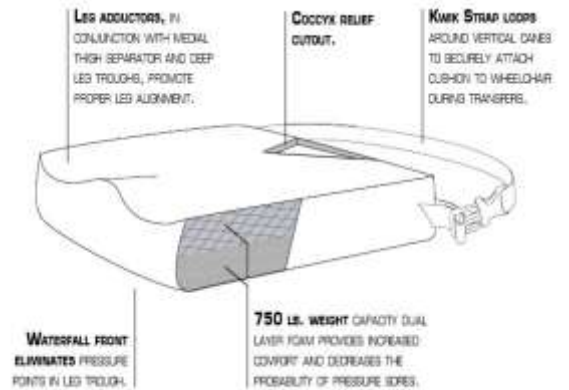
**Section 1:**

On Matrix please tick cushion size

		Width				
		22	24	26	28	30
Depth	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With gel

Without gel



**Section 2:**

Additional cushion covers if required

Quantity required

Rigid base insert   
 Incontinence liner

Office use only: Please complete part number as per guide sheet  
 Part number for ordering:

53\_\_ - \_\_\_\_