

SEND FORM

Shower Chair Script Form

Transportable Toilet & Shower Wheelchair

MELROSE PRODUCT CODE 90805



Date _____

Name _____

Address _____

Phone _____

Fax / Cell phone _____

Email _____

Delivery Details and nearest Airport

Required by _____

(Delivery is normally 4-6 weeks from order confirmation)

To Order
 Fill in the frame dimensions and features required. For variations describe in detail on a separate page. If you have any further questions contact us at the address below.

Disability _____

Weight _____ Height _____ Shoe Size _____

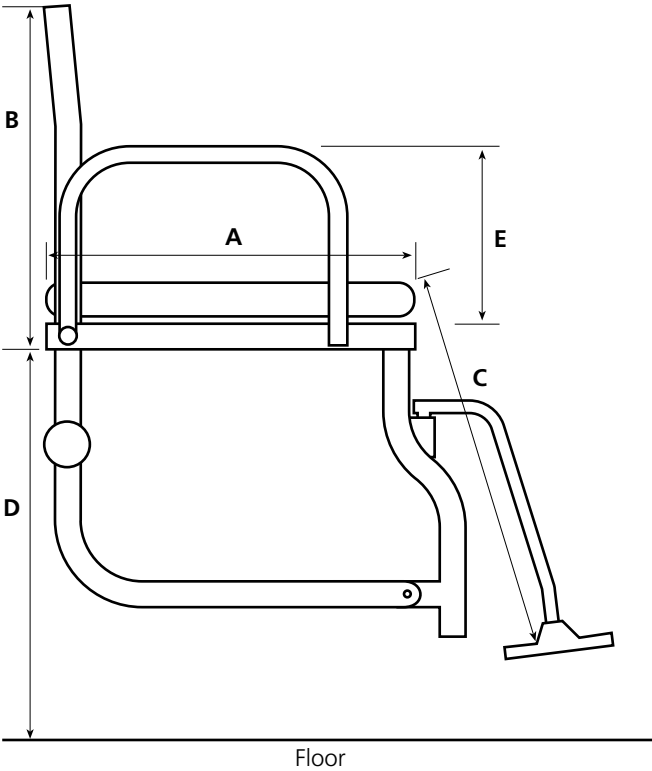
MEASUREMENTS (Refer to diagram)

Seat Width **std 16"** _____ C Seat to footplate _____ Castors **std 5"** _____

A Seat Length **std 16"** _____ D Seat to floor **std 20"** _____ Rear wheels **std 20"** _____

B Back Height **std 16"** _____ E Armrests **std 11"** _____
(from seat base)

FABRICATION NOTES (you can type here)



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Name _____

CASTORS

- 5" braked 5" unbraked

WHEELS

- Standard composite 20"
 Standard cross spoked 20"
 Other _____

TYRES

- Solid
 Pneumatic

PUSHRIMS

- Hard anodised only standard

SEAT

- Padded toilet seat front opening
 Other _____

BAG

- Carry bag for chair

TRANSIT OPTION

- 2 locking front castors and 2 fixed rear castors

COLOUR

Chrome only

OTHER VARIATIONS

(you can type here)