



TAB



Organisation: _____ Date: DD MM YYYY

Client name: _____

Therapist: _____

Technician to call the therapist **BEFORE** making this device: No Yes

Due Date: DD MM YYYY

Key: Tickbox Upcharge Item

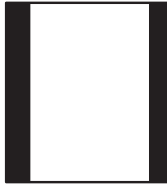
BACK SUPPORT

TAB BACK SIZE
Recommended chair push handle width

Mid Thoracic



Upper Thoracic



Shoulder Height



Select Option	KIDS			
<input type="checkbox"/>	10" (250mm)		<input type="checkbox"/> 320mm	
<input type="checkbox"/>	12" (300mm)		<input type="checkbox"/> 350mm	<input type="checkbox"/> 450mm
	ADULT			
<input type="checkbox"/>	12" (300mm)	<input type="checkbox"/> 350mm	<input type="checkbox"/> 450mm	<input type="checkbox"/> 550mm
<input type="checkbox"/>	14" (360mm)	<input type="checkbox"/> 350mm	<input type="checkbox"/> 450mm	<input type="checkbox"/> 550mm
<input type="checkbox"/>	16" (380mm)	<input type="checkbox"/> 350mm	<input type="checkbox"/> 450mm	<input type="checkbox"/> 550mm
<input type="checkbox"/>	18" (430mm)	<input type="checkbox"/> 350mm	<input type="checkbox"/> 450mm	<input type="checkbox"/> 550mm
<input type="checkbox"/>	20" (510mm)	<input type="checkbox"/> 350mm	<input type="checkbox"/> 450mm	<input type="checkbox"/> 550mm
	BARIATRIC			
<input type="checkbox"/>	22" (560mm)		<input type="checkbox"/> 475mm	<input type="checkbox"/> 510mm
<input type="checkbox"/>	24" (610mm)		<input type="checkbox"/> 475mm	<input type="checkbox"/> 510mm

