



gibbyBack



Organisation: _____ Date: DD MM YYYY

Client name: _____

Therapist: _____

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

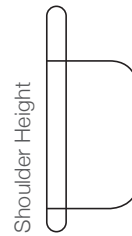
Due Date: DD MM YYYY

Key: Tickbox Upcharge Item

BACK SUPPORT



BACK WIDTH	TO FIT CHAIR
Fixed width between laterals	



Select Option	KIDS		ADULTS		
	BACK WIDTH	TO FIT CHAIR	BH: 300mm	BH: 420mm	BH: 500mm
<input type="checkbox"/>	210mm	12"	(Hatched area)	BH: 300mm 200mm x 100mm <input type="checkbox"/>	BH: 420mm 200mm x 100mm <input type="checkbox"/>
<input type="checkbox"/>	210mm	12"	150mm x 150mm <input type="checkbox"/>	250mm x 150mm <input type="checkbox"/>	250mm x 150mm <input type="checkbox"/>
<input type="checkbox"/>	260mm	14"	150mm x 150mm <input type="checkbox"/>	250mm x 150mm <input type="checkbox"/>	250mm x 150mm <input type="checkbox"/>
<input type="checkbox"/>	310mm	16"	150mm x 150mm <input type="checkbox"/>	250mm x 150mm <input type="checkbox"/>	250mm x 150mm <input type="checkbox"/>
<input type="checkbox"/>	360mm	18"	150mm x 150mm <input type="checkbox"/> 150mm x 200mm <input type="checkbox"/>	250mm x 200mm <input type="checkbox"/>	250mm x 200mm <input type="checkbox"/>
<input type="checkbox"/>	410mm	20"	150mm x 200mm <input type="checkbox"/>	250mm x 200mm <input type="checkbox"/>	250mm x 200mm <input type="checkbox"/>

CLAMPS

Back post mounting clamp sizes. (Select the sizes you require)

19mm 22mm **Optional:** 25mm

