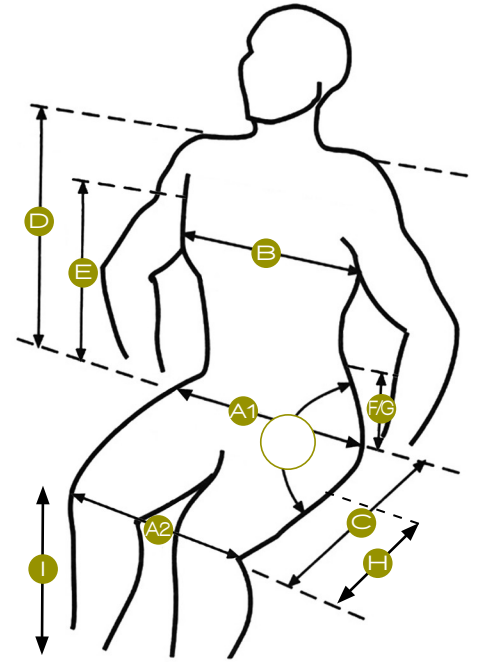


Client Name _____
 Clinic Address _____
 Client Ref. No. _____ Client D.O.B. _____
 Order Date _____ Date Required _____
 Clinician Name _____ Email Address _____



Required Measurements from Chart:

A1	<input type="text"/>	E	<input type="text"/>
A2	<input type="text"/>	F/G	<input type="text"/> Height <input type="text"/> Thickness
B	<input type="text"/>	H	<input type="text"/> Length <input type="text"/> Height
C	<input type="text"/> L <input type="text"/> R	I	<input type="text"/> Knee to Foot
D	<input type="text"/>	J	<input type="text"/> Hip Guide Height

User Weight (Kg)

Wheelchair Information

Make _____ Model _____ Size _____ Seat Rail Diameter _____

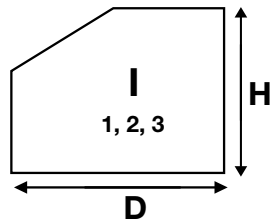
Interface Required	Y <input type="checkbox"/> N <input type="checkbox"/>	Fixed <input type="checkbox"/> Removeable <input type="checkbox"/>
Other:	Seat Fitting Only <input type="checkbox"/>	

Backrest

Curved Back Pad	<input type="checkbox"/>	Lumbar Support	Y <input type="checkbox"/>	<input type="checkbox"/>
Flat Back Pad	<input type="checkbox"/>	Lumbar Support	N <input type="checkbox"/>	<input type="checkbox"/>

Thoracic Pads

	Height	Depth
1	80	110
2	100	140
3	150	180
Other	<input type="text"/>	<input type="text"/>



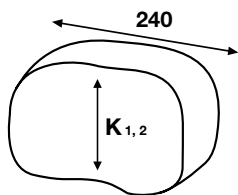
Pommels

Please tick or specify the preferred pommel.



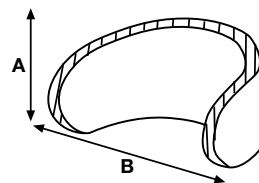
	Width 1	Width 2	Length	Height
1	40	80	130	90
2	50	90	180	115
3	80	115	200	115
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Standard Headrest



1	130	<input type="text"/>
2	180	<input type="text"/>

Curved Headrest

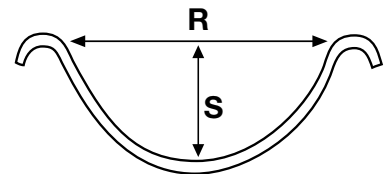


Small	Sizes 220/100	<input type="checkbox"/>
Large	Sizes 300/150	<input type="checkbox"/>

Anti-Roll Headrest

For improved lateral stability and added safety.

Size	R	S	Height
1	190	50	130
2	215	100	130
			Soft PU Lining <input type="checkbox"/>

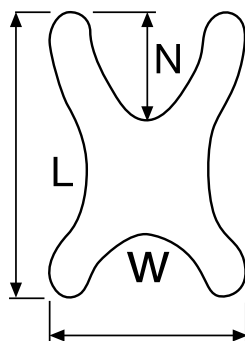


Butterfly Harness

Please specify width of shoulder straps:

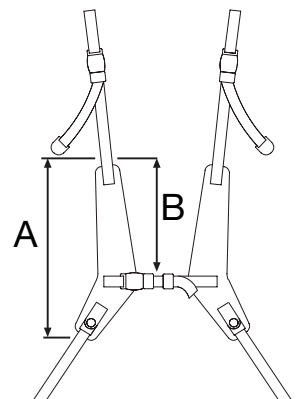
Other harness - please specify:

Size	Width	Length	Neck	Male	Female
XS	160	160	55	<input type="checkbox"/>	N/A
S	220	235	100	<input type="checkbox"/>	<input type="checkbox"/>
M	260	270	130	<input type="checkbox"/>	<input type="checkbox"/>
L	280	355	160	<input type="checkbox"/>	<input type="checkbox"/>



Shoulder Harness

Size	A	B	✓
S	260	195	<input type="checkbox"/>
M	315	230	<input type="checkbox"/>
L	375	275	<input type="checkbox"/>
XL	440	320	<input type="checkbox"/>



Pelvic and Chest Strap

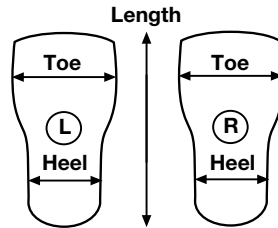
Please note all pelvic straps are padded.

Style	25mm Webbing	38mm Webbing	Seat Belt Buckle	3 Prong Buckle	Cam Buckle	Padded
Chest						
Pelvis						

Pelvic Stabiliser	Extra Small	Small	Medium	Large

Moulded Sandals

Size	Length	Heel	Toe	Right	Left
1	195	75	85		
2	210	80	90		
3	245	85	100		
4	280	100	115		



Knee Block System - Additional Item

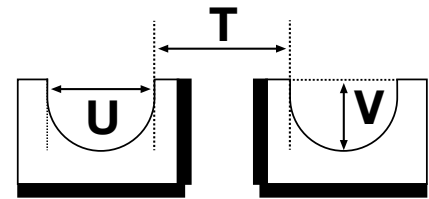
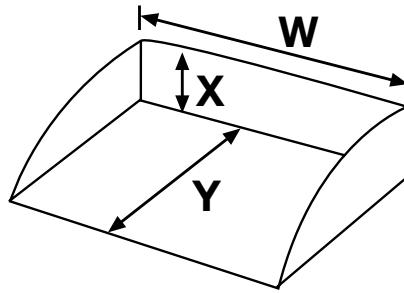
Specify the dimensions of the knee and tick the chosen size.

Dartex Covering Same as Seat

T	U	V	Height
			50
			80

Footrest Options

Size	W	X	Y
1	260	75	175
2	300	75	225
3	375	75	300
Custom			
		Toe Straps	
		Instep Straps	



Soft Liner 10mm 20mm Build up in Foot Box Height Left Right

Additional Cushion Materials

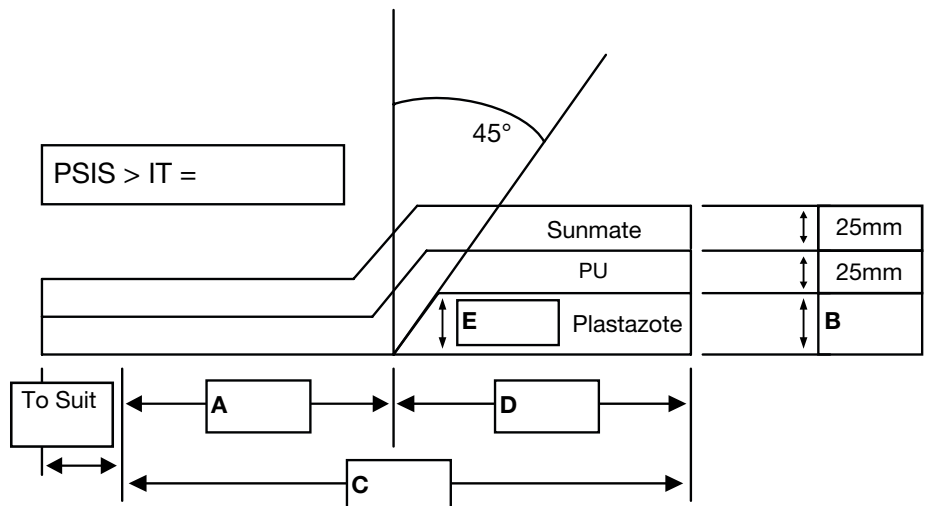
SunMate Overlay Pudgee Overlay Full Pudgee Cushion Low Density Foam

Seat Upholstery

	Vinyl	Cloth	Spacer (Black)	Dartex (Black)
Colour			Area:	Area:

Anti-Thrust Seat Cushion Measurements

- Measure the distance from PSIS to just in front of the Ischial Tuberosity and make a note.
- Depending on the size of the user and how aggressive you want the block to be write the height into box (e):
 Small children = 25-35mm
 Teens = 35-45mm
 Adults up to 50mm
 Sometimes it is necessary to also ramp the block, meaning it is higher at the front or possibly lower at the front if reduced ROM is noted at hips. Write measurement into box (b) or ignore box (b) if not ramped.
- Write the measurement of PSIS > IT plus the block height into box (a)" (e+PSIS > IT =).
- Measure the leg length and write into box (c).
- Take measurement (a) away from (c) and write into box (d).



Please send the completed form to:



www.blatchford.co.uk

Chas A Blatchford & Sons Ltd, 11 Atlas Way, Atlas North, Sheffield, S4 7QQ.
 Tel: +44 (0) 114 2637900 Fax: +44 (0) 114 2637901 Email: clinicalservicesales@blatchford.co.uk