

PRESCRIPTION FORM

Footrests (including Dynamics)

Please use Adobe 'Fill & Sign' to complete this form - Please check boxes with an X

GENERAL INFORMATION

Contact Name:	Date:
Contact Email:	Contact Tel:
Contact Address:	
Client:	Date of Birth:
Address or School:	

ASSESSMENT DETAILS

Objectives/Current Issues:

MEASUREMENTS

a) Footrest Height	cm	
b) Footplate Length	cm	
c) Pommel Length	cm	
Pommel Width	cm	
d) Pommel in Front of Cushion	cm	
e) Pommel Pad Height	cm	
f) Pommel Above Cushion	cm	

ORDERING INFORMATION

Current Seating System	CAPS II <input type="checkbox"/>	Other (please state) <input type="checkbox"/>	
Type of Footrest Required	Standard (Fixed) <input type="checkbox"/>	Active Dynamic Footrest <input type="checkbox"/>	Double Plate Dynamic <input type="checkbox"/>
Size of Footplate	Small <input type="checkbox"/> 115mm x 205mm	Medium <input type="checkbox"/> 125mm x 225mm	Large <input type="checkbox"/> 135mm x 250mm
Size of Vertical Tube Assy	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>
Spring Rating	Soft <input type="checkbox"/>	Medium <input type="checkbox"/>	Hard <input type="checkbox"/>
Type of Pommel	Adjustable Pommel <input type="checkbox"/>	Solid Evazote Pommel <input type="checkbox"/>	None <input type="checkbox"/>
CAPS II Drop Tubes <input type="checkbox"/>	Discovery (SWS) Drop Tubes <input type="checkbox"/>	Neo Drop Tubes <input type="checkbox"/>	
Footrest Adapters (please state - if required)			
Special Instructions :			

By prescribing this Dynamic Footrest Assembly, you confirm that you have fully read our instruction leaflet 'Fitting and Operating Instructions – Dynamic Footrests', in particular Section 2 – Assessment Notes and has been taken into account during your clinical decision-making.

See separate Spec sheets for Footrest adapters and detailed pommel specifications.

Please complete one form for each client, and return a copy with your order..

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