

MAPS Seating Prescription Form

Customised & 3D-scanned Foam Carve Seating System

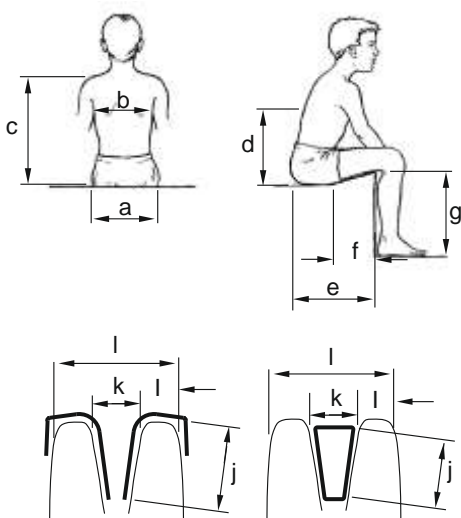


Please use Adobe 'Fill & Sign' to complete this form - Please check boxes with an X

GENERAL INFORMATION		
Clinician:	Email:	Date:
Service:	Delivery Address:	

ASSESSMENT SUMMARY	
Client Name/Ref:	Year of Birth:
Address/School:	Diagnosis:
Current Equipment:	CAPS/Fusion Serial No:
Issues with Current Equipment:	
Observations, deformity:	
Hips/Pelvis:	
Spine/Trunk:	

MEASUREMENTS				
Client measurements				Current Seat
a	Pelvic Width:		cm	
b	Trunk Width:		cm	
c	Backrest Height:		cm	
d	Thoracic Pad Height:	L	R	cm
e	Seat Depth:	L	R	cm
f	Seat Ramp Length:		cm	
g	Footrest Height:	L	R	cm
h	Footplate Length:		cm	
	Heel Position (to seat)		cm	
i	Knee Width:		cm	
j	Medial Pad:		cm	
k	Distance Between Knees:		cm	
l	Outside of Knees		cm	
Backrest Recline:		Seat Tilt:		



Please record current seat sizes as a cross check

Seating System Configuration		
<input type="checkbox"/> Seat & Back (PVC Shell)	<input type="checkbox"/> Back Only (PVC shell)	<input type="checkbox"/> Seat Only (PVC shell)
<input type="checkbox"/> Cut Foam, Trimmed & Cover Only	<input type="checkbox"/> Lynx Backrest	<input type="checkbox"/> Mid Fit required

Wheelbase		
Specify wheelbase (Make, Model & Size) (supply prescription form if applicable): Seat Frame width Width Between Armrests		
<input type="checkbox"/> AD to order	<input type="checkbox"/> Clinic to order & deliver to AD	<input type="checkbox"/> Existing base

Upholstery

Machine washable upholstery is normally supplied in two tone with grey spacer fabric on sides and back of all covers

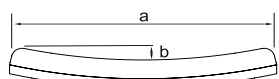
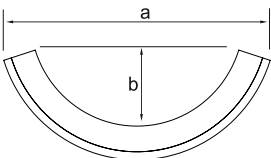
Duratex:	<input type="checkbox"/> Black	<input type="checkbox"/> Pink	<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Denim	<input type="checkbox"/> Purple	<input type="checkbox"/> Red
Dartex:	<input type="checkbox"/> Black	Spacer:	<input type="checkbox"/> Black	<input type="checkbox"/> Grey	<input type="checkbox"/> Blue	

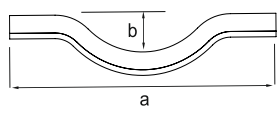
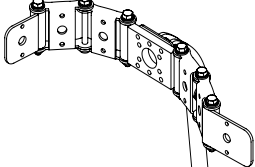
Special Requirements:

2nd Set of covers please specify:

Head Support

<input type="checkbox"/> Standard 	<input type="checkbox"/> Curved 	<input type="checkbox"/> Winged Curved 	Sizes determined by seat dimensions 20mm Evazote padding with soft quilted cover Further customisation available below.
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Shallow Contour (Standard)				Curved					
Size	a	b	h		Size	a	b	h	
<input type="checkbox"/> S	20	0.5	8		<input type="checkbox"/> S	20	6.5	8	
<input type="checkbox"/> M	25	1	10		<input type="checkbox"/> M	23	7	10	
<input type="checkbox"/> L	28	2	10		<input type="checkbox"/> L	23.5	7.5	10	
<input type="checkbox"/> XL	34	2.5	12		<input type="checkbox"/> XL	23.5	7.5	12	
Custom					Custom				

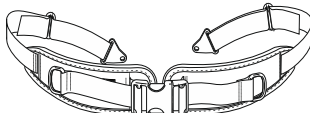
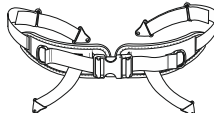
Wing Curved				Multi Adjustable <input type="checkbox"/> Headrest <input type="checkbox"/> Neckroll					
Size	a	b	h		Joints	a	b	h	
<input type="checkbox"/> S	26	6	10		<input type="checkbox"/> 4	35	N/A	10	
<input type="checkbox"/> M	30	6	10		<input type="checkbox"/> 6	40 / 45	N/A	10	
<input type="checkbox"/> L	33	6	10		<input type="checkbox"/> 8	50 / 55	N/A	10	
Custom					Custom				

Basic Link Mount
 Ball & Link
 Through Bar with ball

Special Requirements:

Harnessing

Pelvic Belt – Size determined by seat dimensions, cut out in foam as standard

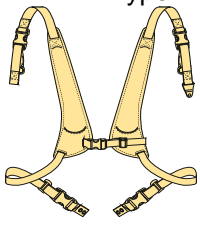
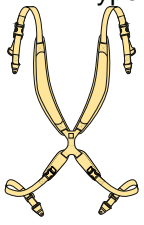

<input type="checkbox"/> 2 Point 	<input type="checkbox"/> 4 Point 
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Plastic Buckle - Single Pull
 Plastic Buckle - Dual Pull
 Safety Buckle

Standard Pad Size
 Slim line Pad Size

Special Requirements:

Shoulder Harness

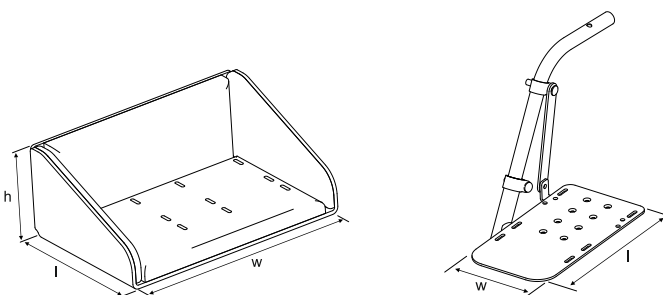
<input type="checkbox"/> H-Type 	<input type="checkbox"/> X-Type 	<input type="checkbox"/> Dynaflex 	<input type="checkbox"/> Top Pull <input type="checkbox"/> Rear Pull <input type="checkbox"/> Front Pull	<input type="checkbox"/> XXS <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
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Special Requirements:

Foot Support

Use Standard Wheelchair footplates Footplates mounted on wheelchair drop tubes

- CAPS Footplate Footboard Footbox
- Active Dynamic Double Plate Dynamic
- Discovery/Neo standard Drop Tubes (SWS style)
- Discovery/Neo Swing away Drop Tubes (SWS style)
- Wheelchair Adapters and CAPS II drop tubes
- Reinforced Rear Upstand
- Padding on plate Padding for Drop Tubes
- Webbing Straps Leather Straps Ankle Huggers
- Ottobock Foot Skates SOS Footsandals



Footplate	w	l	Footboard	w	l	Footbox (inside)	w	l	h
<input type="checkbox"/> XXXS	10.5	14	<input type="checkbox"/> XXXS	25	18	<input type="checkbox"/> Child	23	17	9
<input type="checkbox"/> XXS	10.5	16	<input type="checkbox"/> XXS	30	20	<input type="checkbox"/> Junior	25.5	20	10
<input type="checkbox"/> XS	10.5	18	<input type="checkbox"/> XS	32.5	20	<input type="checkbox"/> Jnr Plus	28	20	10
<input type="checkbox"/> S	11.5	20	<input type="checkbox"/> S	35	22.5	<input type="checkbox"/> Teen	30.5	22	12
<input type="checkbox"/> M	12.5	22.5	<input type="checkbox"/> M	37.5	22.5	<input type="checkbox"/> Teen Plus	33	22	12
<input type="checkbox"/> L	13.5	25	<input type="checkbox"/> L	40	25	<input type="checkbox"/> Adult	35.5	24	13
<input type="checkbox"/> XL	13.5	28	<input type="checkbox"/> XL	42.5	27.5	<input type="checkbox"/> Adult Plus	38.5	25	13
<input type="checkbox"/> Custom			<input type="checkbox"/> Custom			<input type="checkbox"/> Custom			

Special Requirements:

Casting & Scan Notes

Scanned by: Clinic Active (+ POA)

1. Scan File Name:

2. Record nominal measurements below according to image on the right. Mark on scan: trim lines, orientation lines, pelvic belt line, head support position

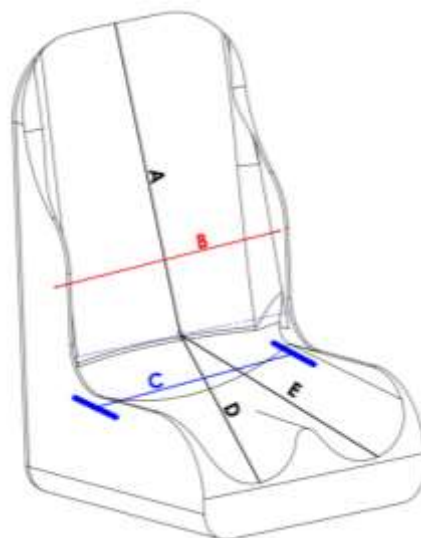
Measure in straight line (cm)

"A"	Back Height	
"B"	Thoracic Width	
"C"	Pelvic Width	
"D"	Right Leg Length	
"E"	Left Leg Length	

Nominal Seat Angle

Nominal Backrest Angle

Notes



Mounting						
Seat Mounting						
<input type="checkbox"/> RMS Lock & Latch- Removable	<input type="checkbox"/> Fixed		<input type="checkbox"/> Single Shell (Seat & Back)			
<input type="checkbox"/> CAPS II Interface	<input type="checkbox"/> Buggy Interface		<input type="checkbox"/> Special			
Seat to Ground Height:						
Special Requirements:						
Backrest Mounting						
Width adjustable Al shell with pre drilled holes to suit V-trak along with headrest mount as standard						
<input type="checkbox"/> Fixed	<input type="checkbox"/> CAPS II Frame	<input type="checkbox"/> V-trak	<input type="checkbox"/> Special			
Special Requirements:						
Foam & Cushion Details						
<input type="checkbox"/> Removable Cushions using Velcro			<input type="checkbox"/> Foam glued to shell, Drawstring covers (std)			
Seat Cushion						
Base:	Reflex 650F (Medium) <input type="checkbox"/>	Evazote (Firm) <input type="checkbox"/>	<input type="checkbox"/> Overlay, Specify (whole cushion, pelvic etc.):			
Overlay:	Depth: cm	Reflex 650F <input type="checkbox"/>	Soft Memory <input type="checkbox"/>	Med. Memory <input type="checkbox"/>	Firm Memory <input type="checkbox"/>	SynerGel <input type="checkbox"/>
Evazote Ramp <input type="checkbox"/>		Evazote Thigh Guides <input type="checkbox"/>	<input type="checkbox"/> Evazote Pommel		<input type="checkbox"/> Chamfer front	
Notes:						
Back Cushion						
Base:	Reflex 650F (Medium) <input type="checkbox"/>	Evazote (Firm) <input type="checkbox"/>	<input type="checkbox"/> Overlay, Specify (whole cushion, pelvic etc.):			
Overlay:	Depth: mm	Reflex 650F <input type="checkbox"/>	Soft Memory <input type="checkbox"/>	Med. Memory <input type="checkbox"/>	Firm Memory <input type="checkbox"/>	SynerGel <input type="checkbox"/>
Layered Evazote Thoracic <input type="checkbox"/>		Full Evazote Thoracics <input type="checkbox"/>	<input type="checkbox"/> Ventilation Holes			
Notes:						

Other Notes & Drawings
Special items to be quoted separately