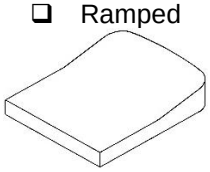
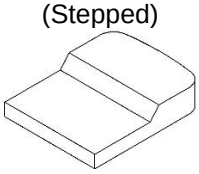
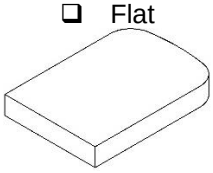
Seat Cushion Prescription Form

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

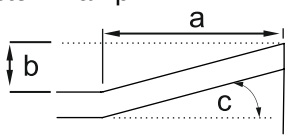
GENERAL INFORMATION

Clinician:	Email:	Date:
Service:	Delivery Address:	
Client Name/Ref:	CAPS II / Fusion / Other:	
Seat or wheelchair Size:	Serial Number:	

Seat Cushion Details

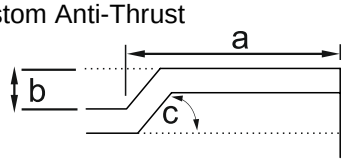
❑ Ramped	❑ Anti-Thrust (Stepped)	❑ Flat	*Sizes determined by Seat Size (CAPS/Fusion) Reflex 650F (Firm) as Standard (typically 40mm to 60mm thick on flat)*
			❑ Custom Size: Width: Length: Thickness:

❑ Custom Ramp



Specify **b** or **c**

❑ Custom Anti-Thrust



a) Ramp Length:	b) Ramp Height:	**OR**	c) Ramp Angle:

Ramp Base Layer:	❑ Firm (Reflex 650F)	❑ Chip Foam	❑ Evazote		
Ramp Top Layer:	❑ Firm	❑ Soft Memory	❑ Med. Memory	❑ Firm Memory	❑ SynerGel
Flat Base Layer:	❑ Firm (Reflex 650F)	❑ Chip Foam			
Flat Top Layer:	❑ Firm	❑ Soft Memory	❑ Med. Memory	❑ Firm Memory	❑ SynerGel

❑ Asymmetric	Left: cm	Right: cm

Special Requirements:

Upholstery

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

Duratex:	❑ Black	❑ Pink	❑ Royal Blue	❑ Denim	❑ Purple	❑ Red
Dartex:	❑ Black	**Spacer Fabric:**	❑ Black	❑ Grey	❑ Blue	❑ Red

Special Requirements:

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