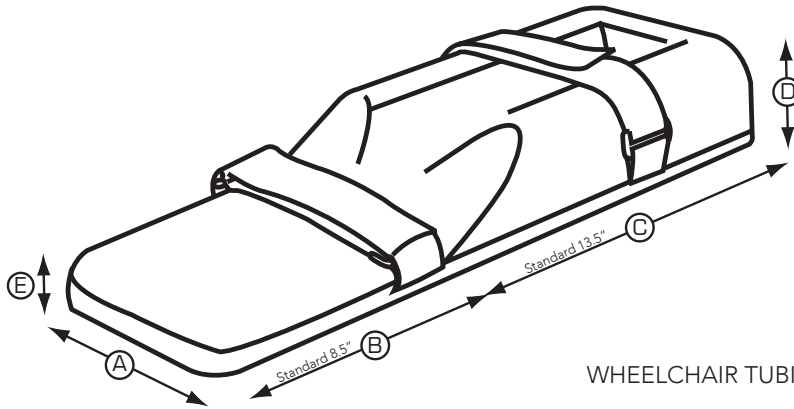


NON-STANDARD TEMPLATE

COMFORT ARM



WHEELCHAIR TUBING SIZE _____"

PLEASE FILL OUT THE FOLLOWING

Product Information

- | | |
|--|--|
| 1) INDICATE WHICH ARM : Right or Left (circle one) | 6) DIMENSION OF (E) : _____" |
| 2) DIMENSION OF (A) : _____" | 7) INCLUDE GEL : Yes or No (circle one)*
<small>* If YES, please show on the diagram above where you would like the QuadraGel placed.</small> |
| 3) DIMENSION OF (B) : _____" | 8) TYPE OF MOUNTING HARDWARE :
FIXED SWING AWAY EAD (circle one) |
| 4) DIMENSION OF (C) : _____" | 9) SPECIAL INSTRUCTIONS: |
| 5) DIMENSION OF (D) : _____" | |

Customer Information

CUSTOMER ACCT # : _____ SHIP TO LOCATION : _____
 CONTACT PERSON : _____
 PHONE # : _____
 _____ PATIENT REFERENCE : _____
 E-MAIL : _____ QUOTE REQUEST SUPPLY : _____

COMMENTS:

