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| **Prescriber Name:** |
| **Client Name:** |
| **Client File No:** | **Order No**:      | **Division:**[ ]  Disability [ ]  Domiciliary Care | **Date:**  |
| Has screening tool been completed? [ ] Yes  [ ] No  | Is client eligible?  [ ] Yes [ ]  No  |
| **Specifications:** information used to check if a recycled item in stock may be suitable for your client. Please identify any essential features required. (tick and comment as required) |
|  |
| [ ]  3 wheel [ ]  4 wheel |  |
| [ ]  Long wheel base (e.g. Space for legs) |  |
| [ ]  Left controls | [ ]  Right controls |  [ ]  Finger controls | [ ]  Thumb controls |
| [ ]  Specific seat (i.e. Contour/recline/adjust) |  |
| [ ]  Specific armrest (i.e. Flip back/adjustable) |  |
| [ ]  Seat belt | [ ]  O2 carrier |  [ ]  Flag | [ ]  Mirrors (left/right) |
| [ ]  Walking stick holder | [ ]  Carry bag | [ ]  Basket |
| [ ]  Frame holder-type? |  | [ ]  Other |  |
|

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| **BASIC DIMENSIONS (mm or inches)** |
|  |  |

**A**. Seat - elbow: **B**. Back of knee - heel: **C.** Buttocks - back of knee: **D.** Widest point of hips/thighs: **E.** Seat - base of scapula:  |
| **Additional Information:** (custom seating, cushions, other measurements, accessories, preferences etc)  |
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