

Trial Equipment

Script Form

THERAPIST DETAILS

| | |
|------------------------|------------------------|
| Name _____ | DATE _____ |
| Address _____ | Delivery details _____ |
| Phone _____ | _____ |
| Fax / Cell phone _____ | _____ |
| Email _____ | _____ |
| Text _____ | _____ |

CLIENT DETAILS

| | | |
|-------------------|-------------------------------|---------------------|
| | | ACC claim No. _____ |
| NAME _____ | ENABLE TRIAL NO. _____ | |
| Disability _____ | Weight _____ | Shoe size _____ |

MEASUREMENTS / SPECIFICATIONS (please indicate desired requirements, we will try to provide as close to request as possible)

Chair Type _____ **Materials** Aluminium Titanium **Serial No.** _____ (office)

Fixed Frame Footplate options

Standard One piece flip up Two single flip ups Angle adj footplate ABS on footplate

Folding Frame Footplate options

Std swing away One piece flip up Drop in Fixed front Angle adj footplate **Hanger angle** _____

| Measurements | Requested | Trial set at | Measurements | Requested | Trial set at |
|----------------------------|-----------|--------------|--|-----------|--------------|
| Seat Width | _____ | _____ | Spoke guards | _____ | _____ |
| Seat Length | _____ | _____ | Anti-tips | _____ | _____ |
| Seat to footplate | _____ | _____ | Brakes - type | _____ | _____ |
| Back height | _____ | _____ | Push handles - std | _____ | _____ |
| Seat to floor - front | _____ | _____ | - height adjustable <small>(in back canes only)</small> | _____ | _____ |
| Seat to floor - back | _____ | _____ | - fold down <small>(in back canes only)</small> | _____ | _____ |
| Camber | _____ | _____ | Armrest - tubular S/A | _____ | _____ |
| Back angle | _____ | _____ | - T height adj desk or full | _____ | _____ |
| Castors | _____ | _____ | - ABS guard attach. | _____ | _____ |
| Rear wheel size & type | _____ | _____ | Upholstery sling | _____ | _____ |
| Tyres | _____ | _____ | Standard back | _____ | _____ |
| Pushrims | _____ | _____ | Tension adj back | _____ | _____ |
| Quick/quad axles | _____ | _____ | Skirt guards fabric | _____ | _____ |
| Tray | _____ | _____ | Skirt guards drop in | _____ | _____ |
| Seatbelt | _____ | _____ | Impact guards | _____ | _____ |
| Adj Piranha block position | _____ | _____ | Adj Piranha Fork type | _____ | _____ |

COMMENTS

Goods on trial must be purchased or returned within 14 days (unless agreed otherwise). Goods must be returned in good condition. Damaged goods will be the responsibility of the client and the cost of the repairs will be invoiced. Return freight to Melrose Chairs is the clients responsibility unless otherwise arranged.

| | | |
|------------------------|----------------------------|----------------------------------|
| DATE SENT _____ | DATE RETURNED _____ | PREPARED/CHECKED BY _____ |
|------------------------|----------------------------|----------------------------------|