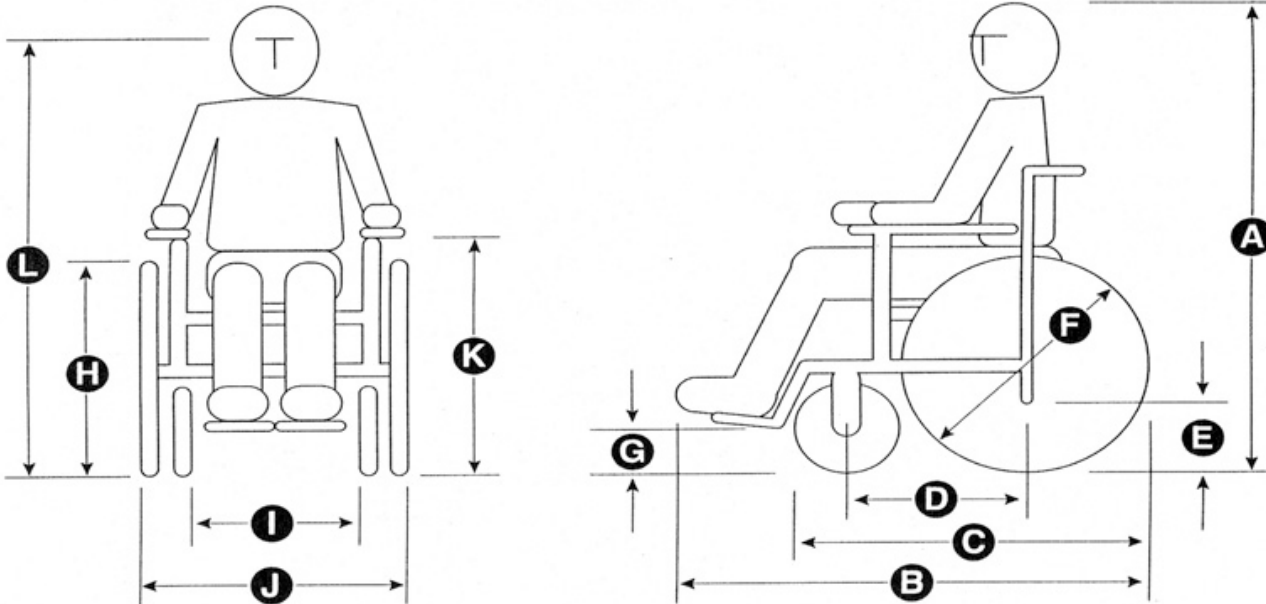




CLIENT & WHEELCHAIR DIMENSION INFORMATION

Name: _____
Address: _____

Vehicle: _____
Model/Year: _____ / _____
Phone #: _____



Type of Wheelchair: _____
Manual Electric Wheelchair Supplier; _____

DIMENSIONS

SPECIAL NOTES

- A* _____
- B* _____
- C* _____
- D _____
- E _____
- F _____
- G* _____
- H _____
- I _____
- J* _____
- K _____
- L _____

* Critical Dimensions