

E-SCRIPT QUOTE / TRIAL DEMO REQUEST FORM

STEP 1. SELECT YOUR LOCAL AREA

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Bundaberg |
| <input type="checkbox"/> Brisbane | <input type="checkbox"/> Gladstone |
| <input type="checkbox"/> Sunshine Coast | <input type="checkbox"/> Cairns |
| <input type="checkbox"/> Darling Downs | <input type="checkbox"/> Cape York |
| <input type="checkbox"/> Townsville | <input type="checkbox"/> Mackay |
| <input type="checkbox"/> Rockhampton | <input type="checkbox"/> _____ |



HELP DESK 1800 267 267

STEP 2. THERAPIST CONTACT DETAILS

Name: _____
 Organisation: _____
 Email: _____
 Phone: _____
 Fax: _____

CLIENT INFORMATION

Name: _____
 Phone: _____
 Address: _____
 Suburb: _____ State: QLD
 Post code: _____

STEP 3. Trial / Demo Booking

STEP 4. Quote Required

STEP 5. Funding Provider

STEP 6. PRODUCT INFORMATION

Product Code Description

CLOSED FRONT OPEN FRONT

Pls Select: Price

Total \$ _____

JPTR Pressure Relief Commode Seat

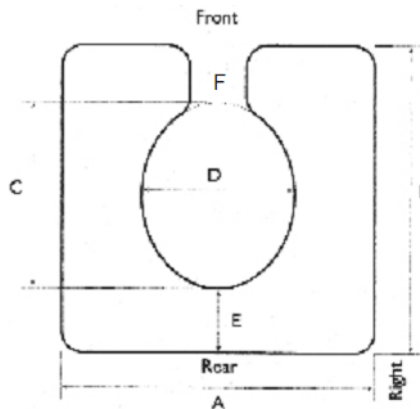
- | | | |
|---|--|--|
| <input type="checkbox"/> 19678 Extended right side bite | <input type="checkbox"/> 19670 Custom dimensions | <input type="checkbox"/> 19671 Right side open |
| <input type="checkbox"/> 19672 Left side open | <input type="checkbox"/> 19673 Open front | <input type="checkbox"/> 19674 Closed front |
| <input type="checkbox"/> 19675 MK II left side bite | <input type="checkbox"/> 19676 MK II right side bite | <input type="checkbox"/> 19669 Extended open front |
| <input type="checkbox"/> 19677 Extended closed front | <input type="checkbox"/> 19679 Extended left side bite | |

Hand Padded Commode Seat

19665 Custom dimensions

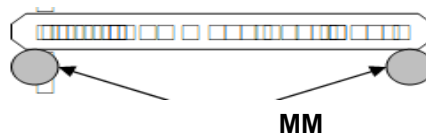
Dimensions:

Width A _____ mm
 Depth B _____ mm
 Hole length C _____ mm
 Hole Width D _____ mm
 Hole Location E _____ mm
 Opening Width F _____ mm



Fitting: If KCare please provide this measurement so we can attach seat runners

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Aqua Care | <input type="checkbox"/> Otto Bock |
| <input type="checkbox"/> KCare | <input type="checkbox"/> Other: _____ |



Comments:

STEP 7.

Office Use Only

Company Name: _____

Name: _____ Date: _____ E-Script No: _____