

**active**MEDICAL

# Custom Seat

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Prescription Form



## Form Information

### Dealer Information

Date	/	/	Sales Rep	
Street Address			Email	
Suburb			Phone	
Postcode		State	Fax	

### Client Information

Date	/	/	Full Name	
Contact			Street Address	
Funding Number			Suburb	
Plan Date - Start to Finish		to	Postcode	State
Plan Manager			Client Weight	kg

### Funding Type










<input type="checkbox"/>	M.A.S.S.	<input type="checkbox"/>	NDIS	<input type="checkbox"/>	Homecare Package	<input type="checkbox"/>	Other: _____
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### Prescriber Information

Date	/	/	Email	
Full Name			Street Address	
Organisation			Suburb	
Mobile			Postcode	State
Office Phone				

## Comments

# Product Information

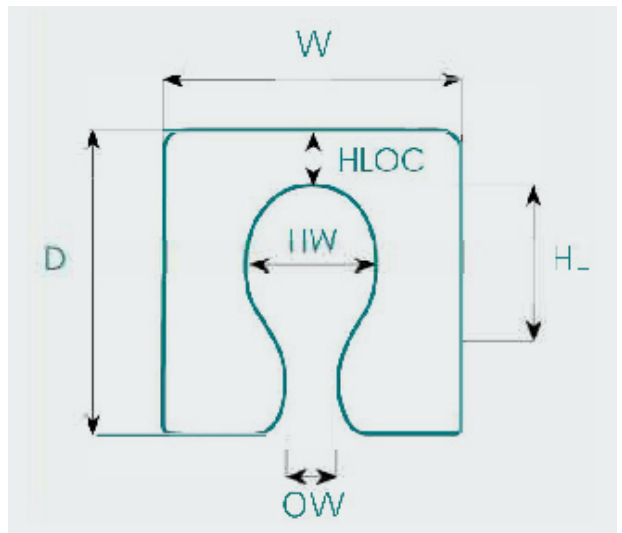
Rear	Front	Cut Out	Indent / Bite*
 Open	 Open	 Left	 Left
 Closed	 Closed	 Right	 Right
			 Both

# Custom Dimensions

## Custom Dimensions

**19665** Custom dimensions

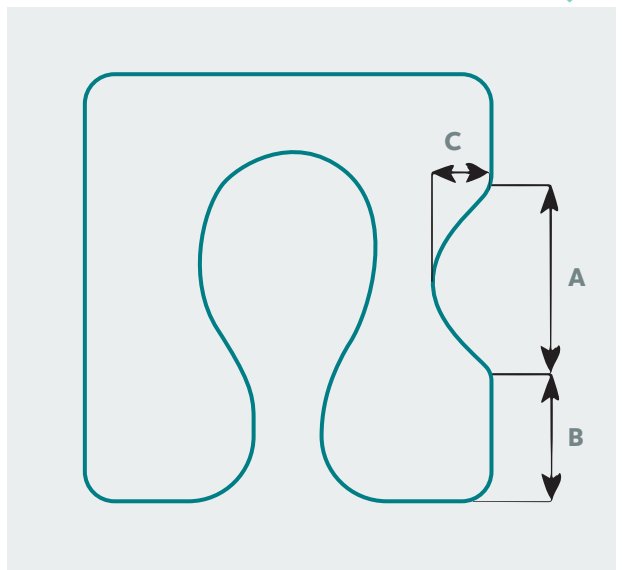
	Seat Thickness	mm
<b>W</b>	Width	mm
<b>D</b>	Depth	mm
<b>HL</b>	Aperture Length	mm
<b>HW</b>	Aperture Width	mm
<b>HLOC</b>	Aperture Location	mm
<b>OW</b>	Opening Width	mm



## \* Indent / Bite Dimensions (if applicable)

<b>A</b>	Bite Width	mm
<b>B</b>	Bite Location	mm
<b>C</b>	Bite Depth	mm

Other Comments, Add drawing on next page



## Seat Sketch Box

## Controls

<b>19780</b> Custom Staebel Strato3 Commode Seat,	<b>19781</b> 46cm Open Staebel Strato3 Commode Seat,
<b>196HPS</b> Staebel Hand Padded Commode Seat	<b>196DHPS</b> Staebel Deluxe Hand Padded Commode Seat

## Fitting

Juvo	Ottoblock
K Care	RAZ
Other (please specify) : _____	

## Comments

Save As

Print

Email

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**E.** [hello@activemedicalsupplies.com.au](mailto:hello@activemedicalsupplies.com.au)

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