

**activeMEDICAL**

# Universal Deluxe Custom Sling

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

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# General Sling Design

## Base Sling Material

Mesh	Fabric	Parasilk
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## Base Sling Type

Pivot	Loop	Clip
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## Base Sling Size

XS (Extra Small)	M (Medium)	XL (Extra Large)	Other *
S (Small)	L (Large)	XXL (Extra Extra Large)	

\* If you have selected 'other', please provide generic dimensions (A - D) plus any other relevant dimensions in the sketch box provided on the last page.

# Choose a Standard Modification

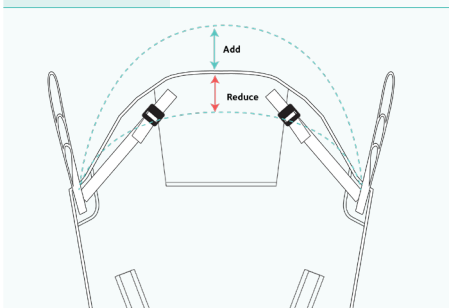
## MOD 001 - Change/ Add Torso Belt

Buckle	Velcro
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Comments

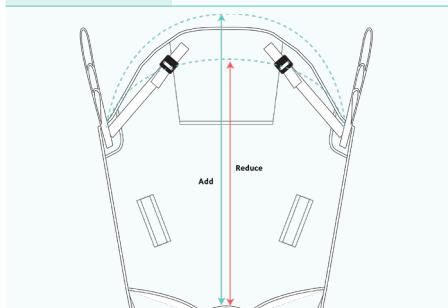
## MOD 002 - Add / Reduce Head Support

cm	Add Head Support
cm	Reduce Head Support



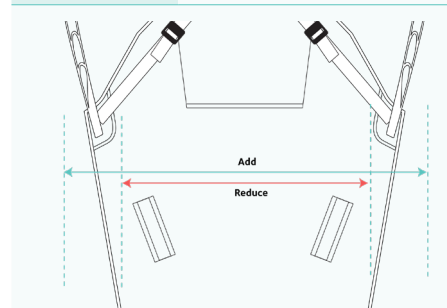
## MOD 003 - Add / Reduce Body Length

cm	Add Body Length
cm	Reduce Body Length



## MOD 004 - Add / Reduce Body Width

cm	Add Body Width
cm	Reduce Body Width



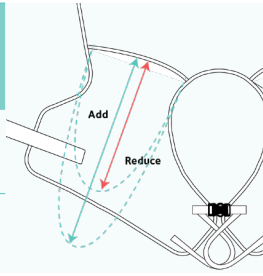
# Choose a Standard Modification Cont.

## MOD 005 -

Add / Reduce Leg Length

cm Add Leg Length

cm Reduce Leg Length

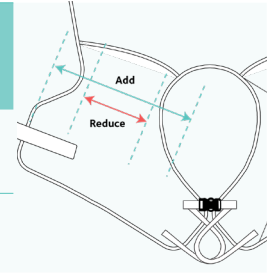


## MOD 006 -

Add / Reduce Leg Width

cm Add Leg Width

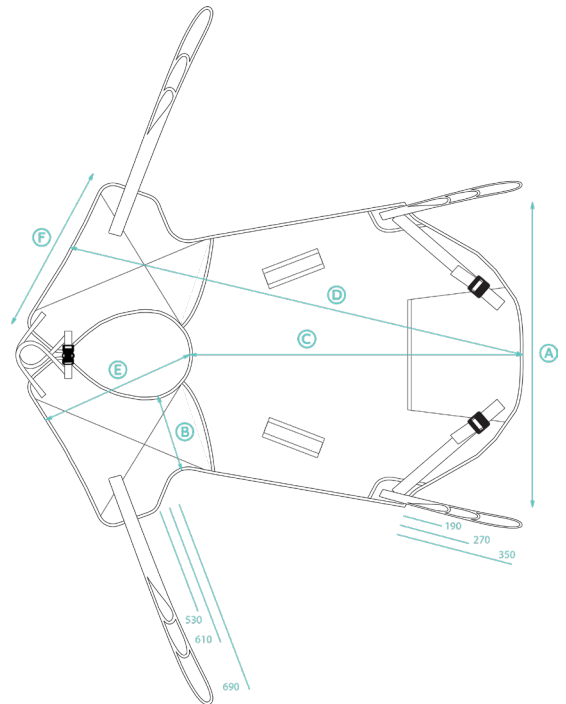
cm Reduce Leg Width



# Sling Sketch Box & Dimensions

Sling Sketch and Dimensions

A=	B=	C=	D=	E=	F=
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Disclaimer: While Custom Slings are covered by manufacturer's warranty, no responsibility is taken for their suitability and functionality.

# Comments

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