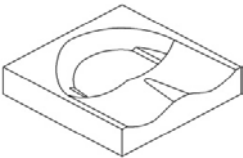
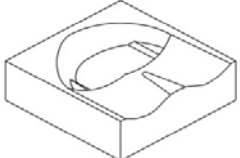
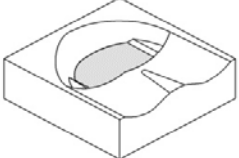
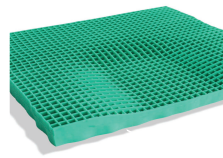


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Prescribing Therapist: _____ email / fax: _____ Clinic location: _____ Funding Authority _____ Proposed CTL staff (if required): _____		Client Details:	
Client presentation and seating issues:			
Current / proposed mobility base:			
Mobility base to be sourced and trialled prior to seating commencing?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any Communicable Diseases that staff need to know about?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Base Cushions</b>			
<i>Custom Contoured: (includes 2 x covers) Extra Covers if required [1013]:</i> <i>Approx Size:</i>			<i>EquaGel Cushion (includes 1 x cover)</i> <i>Select type and size</i>
Standard [1004] 	Deep [1010] 	Plus [1009] 	
<input type="checkbox"/> EquaGel Cushion used as an overlay on custom cushion (select type and size in cushion selection panel above)			
<input type="checkbox"/> Ultra Gel Overlay: Approx Size _____ <i>Soft 1/4"[18001] Med 1/2"[18000]</i>			
<input type="checkbox"/> Incontinence Cover [1007] - # of incontinence cover req'd _____			
<b>Cushion Base (includes 4 x std drop hooks if Req'd)</b>		<b>Back Rest Foam Options (includes 2 covers)</b>	
<input type="checkbox"/> Solid Base [1001] <input type="checkbox"/> Reinforced Base [1003] <input type="checkbox"/> ABSRigidizer [1005]		<input type="checkbox"/> Custom Contoured Enduro backrest [2013] <input type="checkbox"/> Foam in Place (FIP) Backrest Std [2009] <input type="checkbox"/> Foam in Place (FIP) Backrest Lge [2010] <input type="checkbox"/> Standard Backrest: HRH or Sunmate [2005] <input type="checkbox"/> Extra Back Covers [1012]	
<b>Back Shell (includes 4 x std drop hooks if Req'd)</b>		<b>Laterals # Req'd</b>	
ABS Curved back [2001] Ply Curved Back [2002] Ventilation holes [2003] Back to base joining bracket [2017] CTL 12 Volt electric cool pack [2021] AEL Protech Back Nxt Carbon Back Emys Back support TARTA Back Supports _____		Fixed [2012] AEL Quick Plus Swingaway [15721] AEL _____ Swingaway- Custom bracket [15001] Swingaway protection Sleeve [3941] CTL Std lateral pad [2024] Custom Lateral pad [2023] Teardrop style [2019] Slotting for lateral height adjustment [2004]	
<b>Headrest Options</b>		<b>Securing Hardware # Req'd</b>	
CTL Standard Headrest pad [3003] Custom Contoured pad [3001] AEL Headrest Bracket - Removable [18192] AEL Headrest Bracket - Flip Down [18172] Otto bock Mounting adapter [18042]		AEL Versalocks [80010] _____ Jay Clips [42510248] _____ AEL Quick Clamp (pair) 7/8" [80262] _____ AEL Quick Clamp (pair) 1" [80114] _____	



# CUSTOM Technologies

seating & wheelchair specialists

Prescribing Therapist: _____ email / fax: _____ Clinic location: _____ Funding Authority _____ Proposed CTL staff (if required): _____	Client Details:
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Harness and hip belt options	Size		# Req'd
Airlogic-Std-Stretch	_____	AEL Knee Adductor-Fit 7/8" tube [13505]	_____
Airlogic-Std-Non Stretch	_____	AEL Knee Adductor-Fit 1" tube [13515]	_____
Airlogic-Slim-Stretch	_____	AEL Hip Pad Bracket (removable) [15114]	_____
Airlogic-Slim-Non Stretch	_____	AEL Knee Blocker	_____
Custom Harness (Type and size)	_____	AEL Arm Support (Size)	_____
	_____	AEL Arm support mounting - Fit 7/8" Tube [19047]	_____
	_____	AEL Arm support mounting - Fit 1" Tube [19048]	_____
	_____	AEL Padded wrist Strap [19043]	_____
AEL Hip Belt: 2 Pt	_____		
AEL Hip Belt: 4 Pt	_____		
AEL Chest Supports	_____		

Tray	Tray Hardware
Custom ABS Tray [6002] Custom Polycarbonate [6003] Custom Padded Vinyl [6004] Grab Rail [6009] <input type="checkbox"/> Elbow Gutters [6008] Arm Straps [6014]	CTL Tray brackets (pair) [6005] Tray receivers (pair) [6007] CTL Swing out mounting [6012] <input type="checkbox"/> To be supplied but fitted by CTL [6015] <input type="checkbox"/> Custom Tray mounting hardware [6016]

Foot Positioning	
Footplate padding: Sunmate [4003] Footplate padding: Neoprene [4004] Custom Footbox [4001]	<input type="checkbox"/> AEL Foot holders: L _____ k Custom Footplate [4006]

Other Information or Requirements: