

# ABC Chair Measurement Form

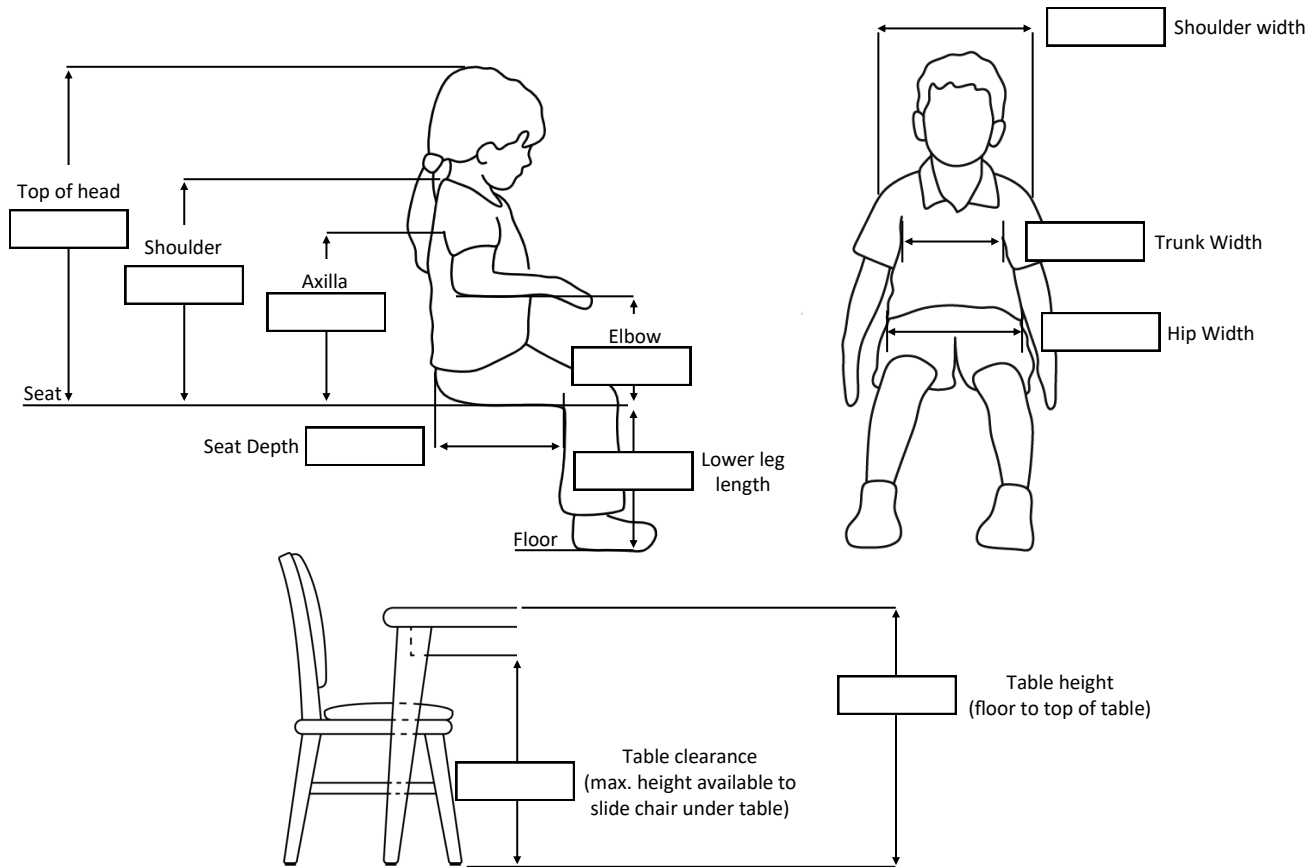
**\*All fields must be completed in order to process\***

**\*Must be accompanied by an Assistive Technology Requisition form (ATG-REQ-001)\***

Request date: \_\_\_\_\_ Therapist name: \_\_\_\_\_  
 Child name: \_\_\_\_\_ Therapist phone: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Therapist email: \_\_\_\_\_



## Required Measurements (Please measure child seated in a chair)



## Options (check all that apply)

Upholstery colour:  Pink  Teal  Green  Grey  Black

Laterals  Lap Belt:  Buckle  Velcro  
 Head rest  Chest Strap:  Buckle  Velcro  
 Table Add-on  Chest harness:  XS  S  M  L  
 Pommel:  S  M  L