

Dino Chair Measurement Form

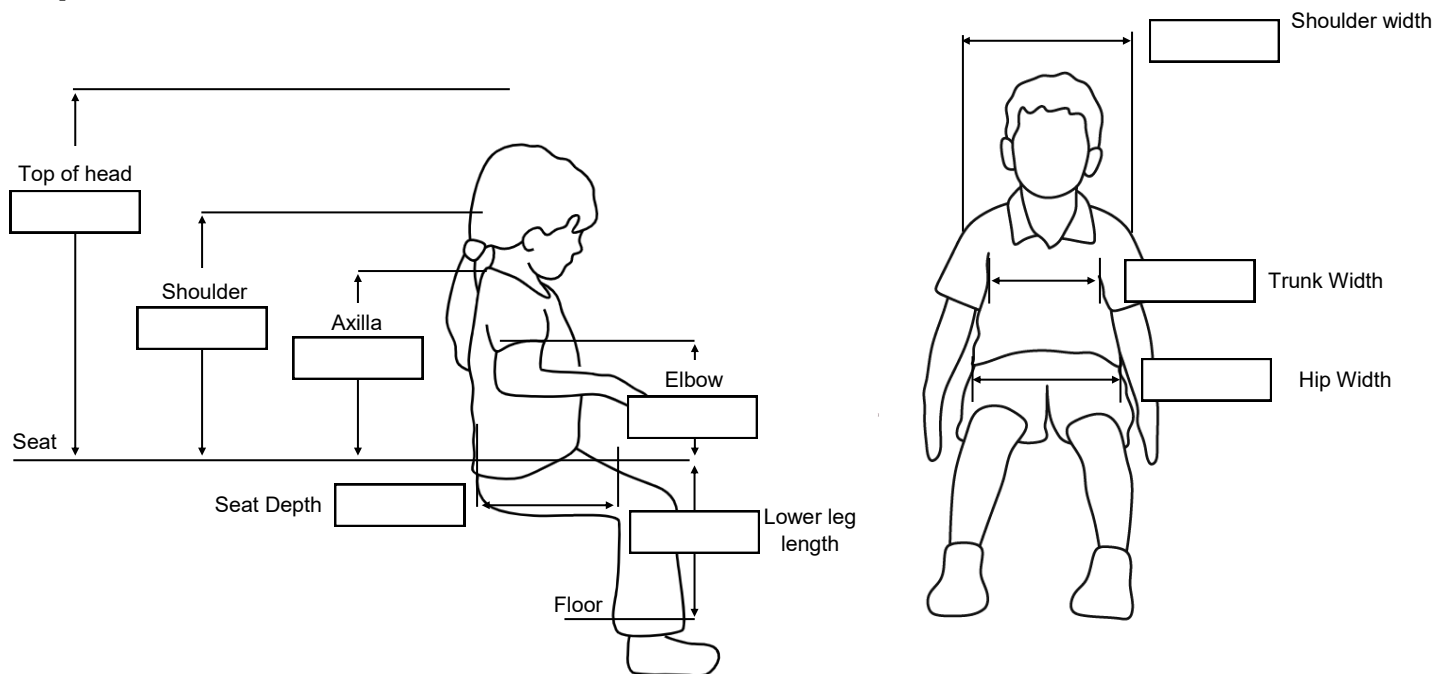
All fields must be completed in order to process

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)

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

Size selection (choose one)

- 10" seat width (blue upholstery)
- 12" seat width (green upholstery)