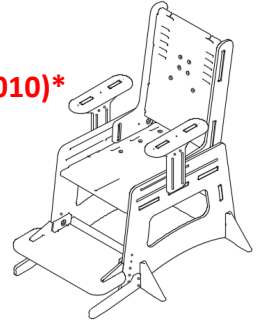


ABC Chair Measurement Form

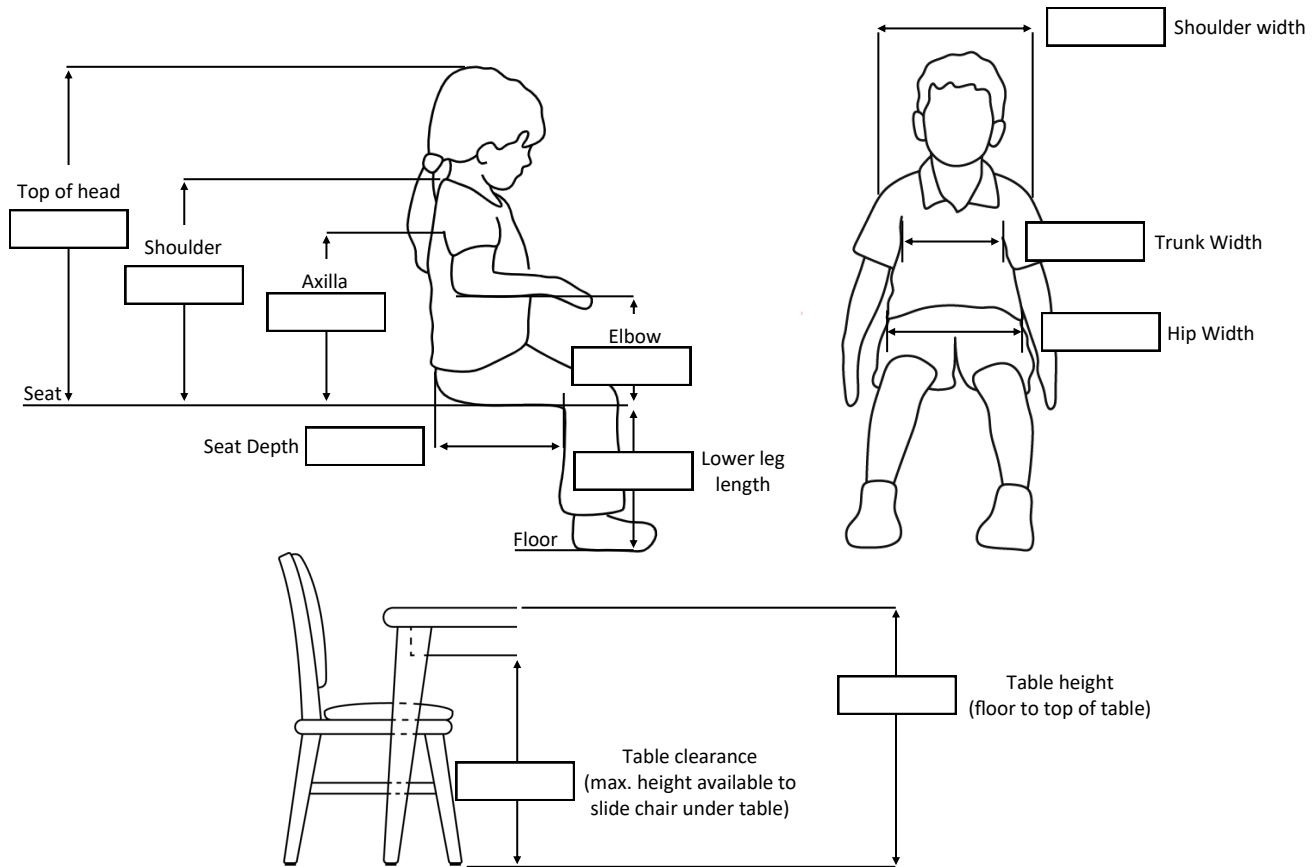
All fields must be completed in order to process

Must be accompanied by an Assistive Technology Requisition form (REQ-FRM-010)

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 Lime 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