

SEND FORM

Trial Equipment

Script Form



THERAPIST DETAILS

Name _____

Company _____

Contact _____

Melrose Sales Rep. _____

DATE _____

Delivery details _____

CLIENT DETAILS

NAME _____ **ACCESSIBLE TRIAL NO.** _____

ENABLE TRIAL NO. _____

Disability _____ Weight _____ Shoe size _____

MEASUREMENTS / SPECIFICATIONS (please indicate desired requirements, we will try to provide as close to request as possible)

Chair Type _____ **Materials** Aluminium Titanium **Serial No.** _____ (office)

Fixed Frame Footplate options

Standard One piece flip up Two single flip ups Angle adj footplate ABS on footplate

Folding Frame Footplate options

Std swing away One piece flip up Drop in Fixed front Angle adj footplate **Hanger angle** _____

Measurements	Requested	Trial set at	Measurements	Requested	Trial set at
Seat Width	_____	_____	Spoke guards	_____	_____
Seat Length	_____	_____	Anti-tips	_____	_____
Seat to footplate	_____	_____	Brakes - type	_____	_____
Back height	_____	_____	Push handles - std	_____	_____
Seat to floor - front	_____	_____	- height adjustable <small>(in back canes only)</small>	_____	_____
Seat to floor - back	_____	_____	- fold down <small>(in back canes only)</small>	_____	_____
Camber	_____	_____	Armrest - tubular S/A	_____	_____
Back angle	_____	_____	- T height adj desk or full	_____	_____
Castors	_____	_____	- ABS guard attach.	_____	_____
Rear wheel size & type	_____	_____	Upholstery sling	_____	_____
Tyres	_____	_____	Standard back	_____	_____
Pushrims	_____	_____	Tension adj back	_____	_____
Quick/quad axles	_____	_____	Skirt guards fabric	_____	_____
Tray	_____	_____	Skirt guards drop in	_____	_____
Seatbelt	_____	_____	Impact guards	_____	_____
COG - Centre of Gravity	_____	_____	Calf Strap	_____	_____
			ADI Back	_____	_____
			Cushion	_____	_____

COMMENTS/ADDITIONS

Goods on trial must be purchased or returned within 14 days (unless agreed otherwise). Goods must be returned in good condition. Damaged goods will be the responsibility of the client and the cost of the repairs will be invoiced. Return freight to Melrose Chairs is the clients responsibility unless otherwise arranged.

DATE SENT _____ **FREIGHT TRACKING** _____ **RETURN** _____

Trial Equipment May 2020