

FUSION Seating Prescription Form

Custom Built Seating System



GENERAL INFORMATION

Clinician:	Email:	Date:
Service:	Delivery Address:	

ASSESSMENT SUMMARY

Client Name/Ref:	Year of Birth:
Address/School:	Diagnosis:
Current Equipment:	
Issues with Current Equipment:	
Observations, deformity:	
Hips/Pelvis:	
Spine/Trunk:	

MEASUREMENTS

a	Pelvic Width:	cm	
b	Backrest Height:	cm	
c	Thoracic Pad Height:	L R cm	
d	Trunk Width:	cm	
e	Seat Depth:	L R cm	
	Seat Ramp Length	cm	
f	Footrest Height	L R cm	
	Distance Between Knees	cm	
	Pommel Length	cm	
	Backrest Recline:	Seat Tilt:	

ORDERING INFORMATION

Seat & Back <input type="checkbox"/>		Back Only <input type="checkbox"/>		Seat Only <input type="checkbox"/>	
Wheelchair Model & Size:			Fixed <input type="checkbox"/>		Removable <input type="checkbox"/>
Seat Cushion:		Ramped <input type="checkbox"/>		Anti-Thrust <input type="checkbox"/>	
Back Cushion:		inc Sacral <input type="checkbox"/>		inc Lumbar <input type="checkbox"/>	
Wraparound Laterals <input type="checkbox"/>		Swingaway Laterals <input type="checkbox"/>		Arm Protraction Pads <input type="checkbox"/>	
Headrest :		Std <input type="checkbox"/>		Curved <input type="checkbox"/>	
Wing Curved <input type="checkbox"/>		Multi-Adjustable:		350mm <input type="checkbox"/>	
H Type <input type="checkbox"/>		X Type <input type="checkbox"/>		450mm <input type="checkbox"/>	
H Type <input type="checkbox"/>		Dynaflex <input type="checkbox"/>		550mm <input type="checkbox"/>	
Padded Lap Strap:		2 point <input type="checkbox"/>		4 point <input type="checkbox"/>	
Footrest:		CAPS II Type <input type="checkbox"/>		Wheelchair Only <input type="checkbox"/>	
Footrest:		Footbox <input type="checkbox"/>		Foot Straps <input type="checkbox"/>	
Upholstery:		Ankle Huggers <input type="checkbox"/>			
Black <input type="checkbox"/>		Pink <input type="checkbox"/>		Royal Blue <input type="checkbox"/>	
Denim <input type="checkbox"/>		Purple <input type="checkbox"/>		Red <input type="checkbox"/>	

Please see details on attached sheets

Special Requirements:

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We will automatically select component sizes based on client measurements however you can indicate your preference below at no extra charge. Items shown in yellow incur a small additional charge. Please record all dimensions in cm

Seat Configuration						
<input type="checkbox"/> Seat & Back		<input type="checkbox"/> Back Only		<input type="checkbox"/> Seat Only		
<input type="checkbox"/> Interface into 2 wheelchairs						
Seat Mounting						
<input type="checkbox"/> RMS Lock & Latch		<input type="checkbox"/> Fixed (Tube Clamps)		<input type="checkbox"/> Drop Seat Required		
Backrest Mounting						
<input type="checkbox"/> 2 Pt With Tongue		<input type="checkbox"/> 2 Pt With Hinge		<input type="checkbox"/> 4 Pt mounting		
				<input type="checkbox"/> RMS Lock & Latch <input type="checkbox"/> Fixed (Tube Clamps) 2 Point lock & latch with tongue is the standard option, allowing easy assembly 2 Point lock & latch with hinge mounting is suitable for smaller seats. 4 Point mounting with either lock & latch or tube clamps is primarily used with separate back support systems.		
Upholstery						
Machine washable upholstery is normally supplied in two tone with Speckle black fabric on sides and back of all covers						
Duratex:	<input type="checkbox"/> Black	<input type="checkbox"/> Pink	<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Denim	<input type="checkbox"/> Purple	<input type="checkbox"/> Red
Dartex:	<input type="checkbox"/> Black	Macro Suede:	<input type="checkbox"/> Black	<input type="checkbox"/> Pink	<input type="checkbox"/> Blue	<input type="checkbox"/> Red
<input type="checkbox"/> 2 nd Set of covers, please specify:						
Special Requirements:						
Seat Cushion						
<input type="checkbox"/> Ramped		<input type="checkbox"/> Anti-Thrust		<input type="checkbox"/> Flat		
Sizes determined by Seat Dimensions Reflex 650F (Firm) as Standard (typically 50mm thick on flat) Further customisation available below if required.						
<input type="checkbox"/> Custom Ramp			<input type="checkbox"/> Custom Anti-Thrust			
Specify b or c						
a) Ramp Length:		b) Ramp Height:		OR c) Ramp Angle:		
Top Layer:	<input type="checkbox"/> Firm	<input type="checkbox"/> Soft Memory	<input type="checkbox"/> Med. Memory	<input type="checkbox"/> Firm Memory	<input type="checkbox"/> SynerGel	
Base Layer:	<input type="checkbox"/> Firm (Reflex 650F)			<input type="checkbox"/> Chip Foam		
<input type="checkbox"/> Asymmetric:		Left:	cm	Right:	cm	
Special Requirements:						
Backrest Cushion						
<input type="checkbox"/> Sacral Pad		<input type="checkbox"/> Lumbar Pad		<input type="checkbox"/> Full Pad		
Standard Foam <input type="checkbox"/> Memory Foam <input type="checkbox"/>		Soft <input type="checkbox"/> Medium <input type="checkbox"/> Firm <input type="checkbox"/>				
<input type="checkbox"/> Custom T Shape		<input type="checkbox"/> Custom I Shape		<input type="checkbox"/> Custom Sacral		
a:	b:	c:	d:	e:	f:	
Special Requirements:						

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Lateral Supports			
<p>Fixed</p> <p><input type="checkbox"/> Thoracic <input type="checkbox"/> Pelvic</p>	<p>Swing away</p> <p><input type="checkbox"/> Thoracic</p>	<p>Wrap around</p> <p><input type="checkbox"/> Thoracic</p>	<p><i>Sizes determined by Seat Dimensions Evazote padded slim line lateral pads Further customisation available below if required.</i></p>

Customise your laterals more:						
Size	A	B	C	D	E	F
L	13	14	15	17	20	25
H	7.5	7.5	9.5	9.5	9.5	9.5
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Protraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custom: L	H	cm
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Special Requirements:

Knee Control		
<p><input type="checkbox"/> Solid Pommel</p>	<p><input type="checkbox"/> Knee Lateral</p>	<p><input type="checkbox"/> Adjustable Pommel</p>

*Sizes determined by seat dimensions
Solid Pommel or Knee Laterals standard
Solid Pommel and Knee Laterals
Adjustable Pommel
Further customisation available below.*

Pommel					Knee Laterals		
Size	a	b	c	d	Size	l	h
<input type="checkbox"/> S	8	9	6	6	<input type="checkbox"/> S	12	7.5
<input type="checkbox"/> M	11	12	8	7	<input type="checkbox"/> M	14	9.5
<input type="checkbox"/> L	13	15	9	8	<input type="checkbox"/> L	16	9.5
Custom					Custom		

Special Requirements:

Shallow Contour				Curved			
Size	a	b	h	Size	a	b	h
<input type="checkbox"/> S	20	0.5	9	<input type="checkbox"/> S	21	6.5	8
<input type="checkbox"/> M	25	1	11	<input type="checkbox"/> M	24	7	10
<input type="checkbox"/> L	30	2	11	<input type="checkbox"/> L	27	8	11
<input type="checkbox"/> XL	34	2.5	14	<input type="checkbox"/> XL	29	9	12
Custom				Custom			

Wing Curved				Multi Adjustable			
Size	a	b	h	Joints	a	b	h
<input type="checkbox"/> S	31	6.5	8	<input type="checkbox"/> 4	35	N/A	10
<input type="checkbox"/> M	33.5	6.5	10	<input type="checkbox"/> 6	40 / 45	N/A	10
<input type="checkbox"/> L	36.5	8	10	<input type="checkbox"/> 8	50 / 55	N/A	10
Custom				Custom			

<input type="checkbox"/> Basic Link Mount	<input type="checkbox"/> Ball & Link	<input type="checkbox"/> Through Bar
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Special Requirements:

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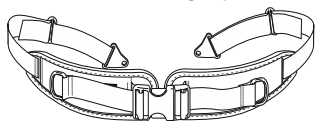
Custom Built Seating System



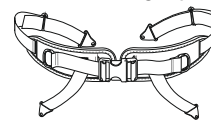
Harnessing

Pelvic Belt – Size determined by seat dimensions

2 Point



4 Point



Plastic Buckle - Single Pull

Plastic Buckle - Dual Pull

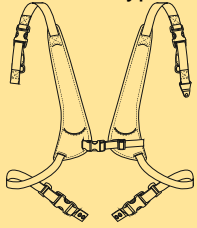
Safety Buckle

Standard Pad Size

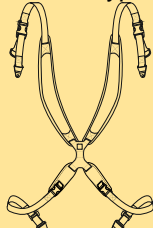
Slim line Pad Size

Shoulder Harness

H-Type



X-Type



Dynaflex

Rear Pull

Top Pull

Front Pull

XXS

XS

S

M

L

XL

Special Requirements:

Foot Support

Use Standard Wheelchair footplates

Note: Foot supports subject to wheelchair specification

Wheelchair mounted

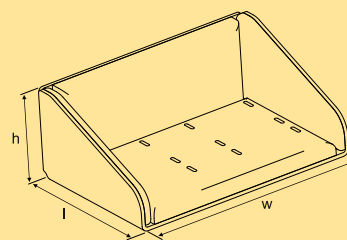
Neo/Discovery std Drop Tubes

Neo/Discovery Swing away Drop Tubes

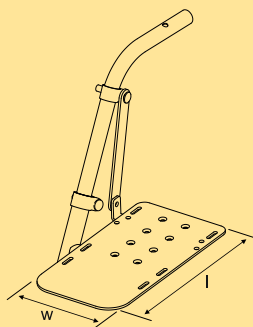
ABS Plastic foot box

Padded foot box

CAPS type footrest plates



Size	w	l
<input type="checkbox"/> XXS	10.5	16
<input type="checkbox"/> XS	10.5	18
<input type="checkbox"/> S	11.5	20
<input type="checkbox"/> M	12.5	22.5
<input type="checkbox"/> L	13.5	25
<input type="checkbox"/> Custom		



Size (inside)	w	l	h
<input type="checkbox"/> XS	22.5	21	9
<input type="checkbox"/> S	25	21	9
<input type="checkbox"/> M	30	24	11
<input type="checkbox"/> L	35	26	12
<input type="checkbox"/> XL	38	27	12
<input type="checkbox"/> Custom			

Special Requirements:

Ankle Huggers

S

M

L

Ottobock Foot Skates

S

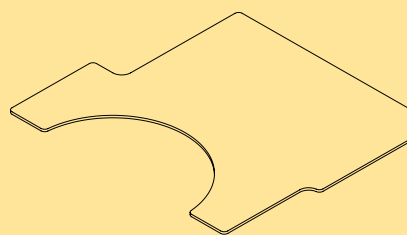
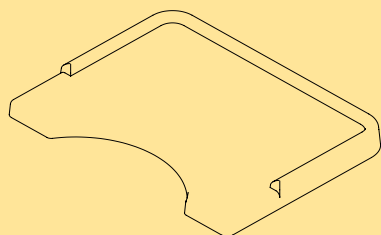
M

L

Special Requirements:

Tray

Tray mounted off Armrests, price subject to wheelchair specification



Moulded Black

Clear Perspex

Custom CNC Cut

S

M

L

Specify Below

Special Requirements: