

# FUSION Seating Prescription Form

Custom Built Seating System



Please use Adobe 'Fill & Sign' to complete this form – Please check boxes with an X

## 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

	Client measurements		Current Seat
a Pelvic Width:			cm
b Trunk Width:			cm
c Backrest Height:			cm
d Thoracic Pad Height:	L	R	cm
e Seat Depth:	L	R	cm
f Seat Ramp Length:			cm
g Footrest Height:	L	R	cm
h Footplate Length:			cm
i Knee Width:			cm
j Medial Pad:			cm
k Distance Between Knees:			cm
l Outside of Knees			cm
Backrest Recline:		Seat Tilt:	

Please record current seat sizes as a cross check

## ORDERING INFORMATION

<input type="checkbox"/> Seat & Back		<input type="checkbox"/> Back Only		<input type="checkbox"/> Seat Only	
Wheelchair Model & Size:			<input type="checkbox"/> Fixed	<input type="checkbox"/> Removable	
<small>Wheelchair Size: Width should be approx. 100mm wider than hip width to give 60mm width adjustment, Length approx. 70mm longer than seat depth Please indicate if minimal width adjustment required, eg for self propelling or age of client <input type="checkbox"/></small>					
Seat Cushion:		<input type="checkbox"/> Ramped	<input type="checkbox"/> Stepped	<input type="checkbox"/> Flat	
Back Cushion:		<input type="checkbox"/> inc Sacral	<input type="checkbox"/> inc Lumbar	<input type="checkbox"/> Flat (No Sacral)	
<input type="checkbox"/> Wraparound Laterals		<input type="checkbox"/> Swingaway Laterals	<input type="checkbox"/> Arm Protraction Pads	<input type="checkbox"/> Synergel Lining	
Headrest :	<input type="checkbox"/> Std	<input type="checkbox"/> Curved	<input type="checkbox"/> Wing Curved	Multi-Adjustable:	<input type="checkbox"/> 350mm <input type="checkbox"/> 450mm <input type="checkbox"/> 550mm
Harness:	<input type="checkbox"/> H Type	<input type="checkbox"/> X Type	<input type="checkbox"/> Dynaflex	<input type="checkbox"/> Front Pull <input type="checkbox"/> Rear Pull <input type="checkbox"/> Top Pull	
Padded Lap Strap:		<input type="checkbox"/> 2 point	<input type="checkbox"/> 4 point	<input type="checkbox"/> Pommel	<input type="checkbox"/> Knee Laterals
Footrest:	<input type="checkbox"/> CAPS Type	<input type="checkbox"/> Wheelchair Only	<input type="checkbox"/> Footbox	<input type="checkbox"/> Foot Straps	<input type="checkbox"/> Ankle Huggers
Upholstery:	<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

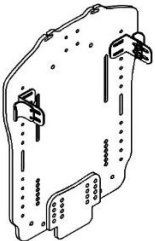
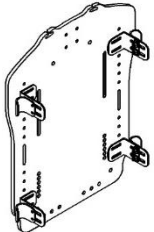
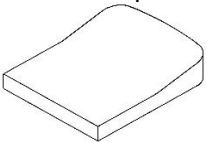
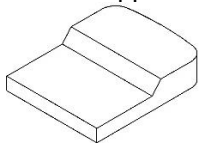
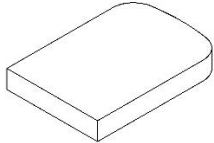
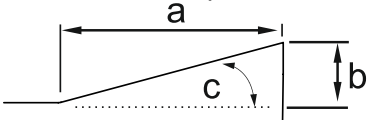
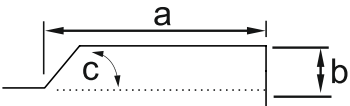
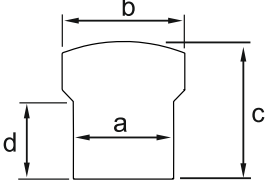
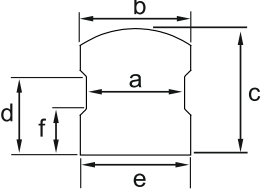
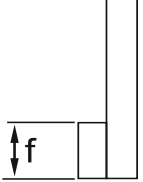
We will automatically select component sizes based on client measurements however you can indicate your preference below at no extra charge. Items shown in yellow incur a small additional charge. Please see details on attached sheets

# FUSION Seating Prescription Form

Custom Built Seating System



Please use Adobe 'Fill & Sign' to complete this form – Please check boxes with an X

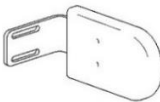
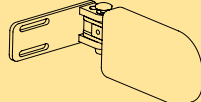
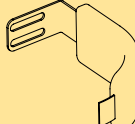
Seat Configuration						
<input type="checkbox"/> Seat & Back	<input type="checkbox"/> Back Only	<input type="checkbox"/> Seat Only				
<input type="checkbox"/> Interface into 2 wheelchairs						
Seat Mounting						
<input type="checkbox"/> RMS Lock & Latch		<input type="checkbox"/> Fixed (Tube Clamps)		<input type="checkbox"/> Drop Seat Required		
Backrest Mounting						
<input type="checkbox"/> 2 Pt With Tongue		<input type="checkbox"/> 4 Pt mounting		<input type="checkbox"/> RMS Lock & Latch <input type="checkbox"/> Fixed (Tube Clamps)		
				<p><i>2 Point lock &amp; latch with tongue is the standard option, allowing easy assembly</i></p> <p><i>4 Point mounting with either lock &amp; latch or tube clamps is primarily used with separate back support systems.</i></p>		
Upholstery						
<i>Machine washable upholstery is normally supplied in two tone with Speckle black fabric on sides and back of all covers</i>						
<b>Duratex:</b>	<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
<b>Dartex:</b>	<input type="checkbox"/> Black	<b>Spacer:</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Red	<input type="checkbox"/> Grey
<input type="checkbox"/> 2 <sup>nd</sup> Set of covers, please specify:						
Special Requirements:						
Seat Cushion						
<input type="checkbox"/> Ramped		<input type="checkbox"/> Stepped		<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 Stepped			
						
Specify b or c						
a) Ramp/Step Length:		b) Ramp/Step Height:		c) Ramp Angle:		
Ramp Base Layer:		<input type="checkbox"/> Firm (Reflex 650F)		<input type="checkbox"/> Chip Foam		
Flat Section of Cushion		<input type="checkbox"/> Firm (Reflex 650F)	<input type="checkbox"/> Soft Memory	<input type="checkbox"/> Med. Memory	<input type="checkbox"/> Firm Memory	<input type="checkbox"/> SynerGel
<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"/> Flat Type		
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:						

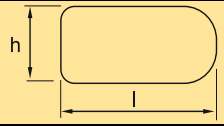
# FUSION Seating Prescription Form

Custom Built Seating System

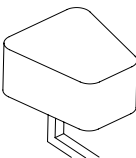
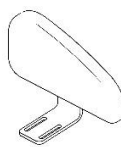
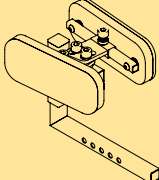


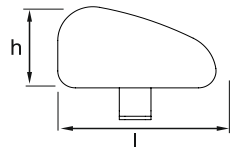
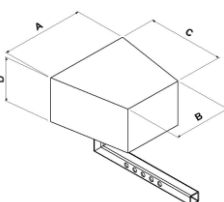
Please use Adobe 'Fill & Sign' to complete this form – Please check boxes with an X

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

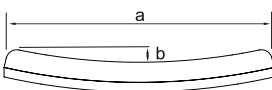
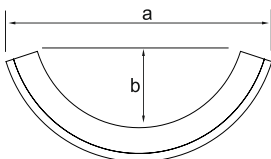
Customise your laterals more:							
Size	A	B	C	D	E	F	
L	13	14	15	17	20	25	
H	7.5	7.5	9.5	9.5	9.5	9.5	
<b>Thoracic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Custom : L      H      cm
<b>Pelvic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

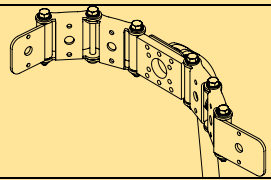
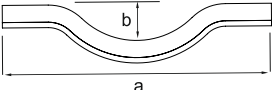
Special Requirements:

Knee Control			
<input type="checkbox"/> Solid Pommel 	<input type="checkbox"/> Knee Lateral 	<input type="checkbox"/> Adjustable Pommel 	Sizes determined by seat dimensions Solid Pommel <b>or</b> Knee Laterals standard Solid Pommel <b>and</b> Knee Laterals Adjustable Pommel Further customisation available below.

Pommel					Knee Laterals				
Size	a	b	c	d		Size	l	h	
<input type="checkbox"/> S	8	6	9	6		<input type="checkbox"/> S	15	7	
<input type="checkbox"/> M	9	7	11	7		<input type="checkbox"/> M	19	9	
<input type="checkbox"/> L	11	8	13	8		<input type="checkbox"/> L	22	10	
<input type="checkbox"/> XL	13	9	15	9		<input type="checkbox"/> XL	25	10	
Custom						Custom			

Special Requirements:

Head Support									
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	45	N/A	10	
<input type="checkbox"/> L	36.5	8	10		<input type="checkbox"/> 8	55	N/A	10	
Custom					Custom				

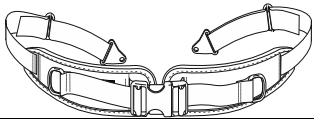
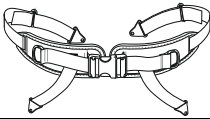
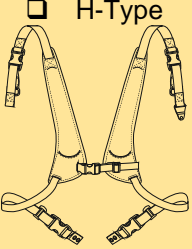
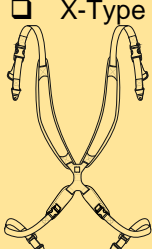

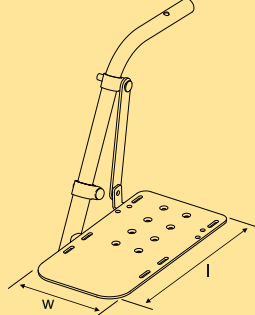
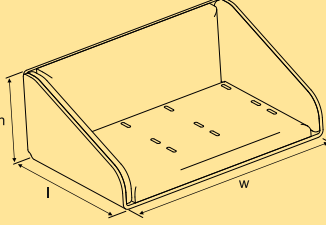
<input type="checkbox"/> Basic Link Mount	<input type="checkbox"/> Ball & Link	<input type="checkbox"/> Through Bar (Ball Joints)
Special Requirements:		

# FUSION Seating Prescription Form

Custom Built Seating System



Please use Adobe 'Fill & Sign' to complete this form – Please check boxes with an X

Harnessing					
<b>Pelvic Belt – Size determined by seat dimensions</b>					
<input type="checkbox"/> 2 Point 			<input type="checkbox"/> 4 Point 		
<input type="checkbox"/> Plastic Buckle - Single Pull		<input type="checkbox"/> Plastic Buckle - Dual Pull		<input type="checkbox"/> Safety Buckle	
<input type="checkbox"/> Standard Pad Size			<input type="checkbox"/> Slim line Pad Size		
Shoulder Harness					
<input type="checkbox"/> H-Type 	<input type="checkbox"/> X-Type 	<input type="checkbox"/> Dynaflex 	<input type="checkbox"/> Rear Pull <input type="checkbox"/> Top Pull <input type="checkbox"/> Front Pull	<input type="checkbox"/> XXS <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
<input type="checkbox"/> Special Requirements:					
Foot Support					
<input type="checkbox"/> Use Standard Wheelchair footplates					
<input type="checkbox"/> CAPS type footplates (aluminium)	Size	W	L		
<input type="checkbox"/> Separate footplates with rear upstand (PP)	<input type="checkbox"/> XXS	10.5	16		
<input type="checkbox"/> One piece Footplate (polypropylene)	<input type="checkbox"/> XS	10.5	18		
<input type="checkbox"/> ABS Plastic foot box	<input type="checkbox"/> S	11.5	20		
<input type="checkbox"/> Padding Required	<input type="checkbox"/> M	12.5	22.5		
<input type="checkbox"/> Mounted on wheelchair footrest hangers	<input type="checkbox"/> L	13.5	25		
<input type="checkbox"/> CAPS II Hanger & Adapter (Neo/Discovery)	<input type="checkbox"/> Custom				
<input type="checkbox"/> Neo/Discovery Swing away footrest hanger	Size	W	L	H	 Inside measurements
<input type="checkbox"/> Webbing Footstraps – Camlock Buckles	<input type="checkbox"/> XS	23	18	10	
<input type="checkbox"/> Webbing Footstraps – Velcro	<input type="checkbox"/> S	26	20	10	
<input type="checkbox"/> Leather Footstraps	<input type="checkbox"/> M	31	22	12	
Ankle Huggers <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> L	36	24	13	
Moulded Foot Skates <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> XL	39	25	13	
Ottobock Foot Skates <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> Custom				
<input type="checkbox"/> Special Requirements:					