Seat Cushion Prescription Form



| GENERAL INFORMATION | | | | | | | | | | | | |
|---|----------------------|--------------------------------|-----------------------|---|--|-----------|------------------------------|--|------------|----------|-------------------|--|
| Clinician: | Email: | | | | | Date: | | | | | | |
| Service: | Delivery Address: | | | | | | | | | | | |
| ASSESSMENT SUMMARY | | | | | | | | | | | | |
| Client Name/Ref: | | | | | | | | | | | | |
| CAPS II Size: | Serial Number: | | | | | | | | | | | |
| Seat Cushion | | | | | | | | | | | | |
| Ramped | | | Anti-Thrust (Stepped) | | Flat | | | Sizes determined by Seat Dimensions Reflex 650F (Firm) as Standard (typically 50mm thick on flat) Further customisation available below if required. | | | | |
| Custom Ramp Specify b or c Custom Anti-Thrust a Specify b or c | | | | | | | | | ► I | | | |
| a) Ramp Leng |) Ramp A | Ramp Angle: OR c) Ramp Height: | | | | | | | | | | |
| Ramp Base Layer: | ☐ Firm (Re | ☐ Chip Foam | | | | | □ Evazote | | | | | |
| Ramp Top Layer: | □ Firm | □ M | I Soft lemory | | Med. N | lemory | | ⊒ Fir | m Memory | [| □ SynerGel | |
| Flat Base Layer: | | eflex 650F | =) | | | | ☐ Chip Foam | | | | | |
| Flat Top Layer: | □ Firm | | Soft emory | ٥ | ☐ Med. M | | emory | | m Memory | Į | □ SynerGel | |
| | Asymmetric | eft: cm | | | R | Right: cm | | | | | | |
| Special Requirements: | | | | | | | | | | | | |
| | | | | • | holstery | _ | | | | | | |
| Machine washa | ble upholstery is no | ormally sup Pinl | | | <i>th Grey S_l</i> yal Blue | | <i>abric on sid</i> Denim | les and | Purple | /ers | Red | |
| Dartex: | □ Black | | Fabric: | | ack | | Grey | _ | Blue | <u> </u> | Red | |
| Special Requirements: | | | | | | | | | | | | |