

Ki Mobility Trial Request Form

THERAPIST DETAILS

Name			Date		
Trial Approval No.			Therapist Level MOH ACC		
Address			Delivery Details		
Phone					
Fax / Mobile			Email		
CLIENT DETAILS					
Name			Address		
Diagnosis					
Weight					
MEASUREMENTS / SPECIFICATIONS					
Fixed Frame Folding Frame Tilt-in-Space Rogue Rogue XP Catalyst 5 Focus CR Liberty FT Paediatric Frame Ittle Wave Flip Little Wave Clik Spark					
FOOTPLATE OPTIONS				2	
ubular Angle Adj			One Piece		
Angle/Depth Adj One Piece Flip Up			Composite		
Elevating Legrest Stump Support			Othe	er	
Measurements	Requested	Trial	Measurements	Requested	Trial
Seat width	Requested		Amputee bracket		
Seat length			Spoke guards		+
Seat to flootplate			Anti-tips		
Back height			Brakes - type		+
Back angle		-	TNS Brakes - Hand or foot operated	1	
Seat to floor - front			TNS Tilt - Hand or foot operated		+
Seat to floor - rear			Push handles - standard		_
Camber			- Height adj / fold down		1
Tip point / COG			Armrest - tubular S/A		
Taper			- T height adj desk 10" / full 14"		
Hanger angle / Front frame			- Flip back		1
Fixed / Swing away			Side guard		
Castor type			Back upholstery		
Rear wheel size			- Standard / tension adj		1
Type: Std Alu, Superlight spoke, Shadow,			Impact guards		
Spinergy, Spox, LX Tyres			Тгау		
Pushrims: Std Alu, Superlight Alu, Natural fit,			Seatbelt		
Rubber coated, QGrip			Heel strap		
Tab length - short / long			Calf strap		
Quick / quad axles			Transit tie downs		
Comments:					
Assembled By: Checked By: Chair Serial No: Sales Order No: Date Sent:					
Chair Serial No:	Sale	s Order NO:	Date Sent:		