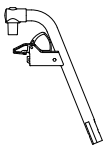


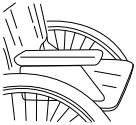




M100TR

Prescription form

Name: _____	Date: _____
Reference: _____	
Standard version is marked with* _____	

M100TR	37,5 cm	13410103	qty_____	40 cm	13410105	qty_____	42,5 cm	13410107	qty_____
Seat width (cm)	45 cm	13410109	qty_____	47,5 cm	13410111	qty_____	50 cm	13410113	qty_____
Seat depth 40 cm									
M100TR Long	37,5 cm	13410104	qty_____	40 cm	13410106	qty_____	42,5 cm	13410108	qty_____
Seat width (cm)	45 cm	13410110	qty_____	47,5 cm	13410112	qty_____	50 cm	13410114	qty_____
Seat depth 46 cm									
Frame colour	Grey -42 <input type="checkbox"/>								
Back/Push handles	Push handles fixed <input checked="" type="checkbox"/>			Height adjustable <input type="checkbox"/>			Bow handle <input type="checkbox"/>		
Backrest upholstery	Fixed <input checked="" type="checkbox"/> Adjustable <input type="checkbox"/>								
Legrests Lockable, detachable/swing away	Standard  <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Elevating legrest <input type="checkbox"/> Right <input type="checkbox"/>  Amputee support <input type="checkbox"/> Right <input type="checkbox"/> Flip-up calf support <input type="checkbox"/> Left <input type="checkbox"/> adjustable in height, <input type="checkbox"/> Left <input type="checkbox"/>  Grey plush <input type="checkbox"/> Black Dartex <input type="checkbox"/>								
Footrest	Flip-up standard <input type="checkbox"/> Right <input checked="" type="checkbox"/> Adjustable, in <input type="checkbox"/> Left <input checked="" type="checkbox"/> angle and height			Long length tube (+10 cm) <input type="checkbox"/> Right <input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/>					
Armrest with massiv plate	 Length 25 cm <input checked="" type="checkbox"/>			 Length 35 cm <input type="checkbox"/>					
Anti-tip	Tilter <input checked="" type="checkbox"/>			Anti-tip 27234 <input type="checkbox"/> 					

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18-08-08

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