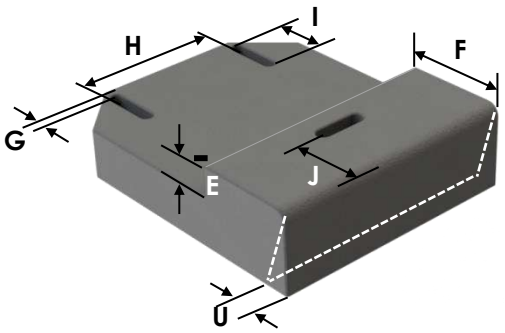
Custom Wheelchair Cushion Order Script

COMPANY	Required	**THERAPIST NAME**	
REP NAME	Required	**THERAPIST EMAIL/MOBILE**	
REP EMAIL/MOBILE	Required	**CLIENT NAME**	Required
ORDER NUMBER	Required	**CLIENT WEIGHT**	

CUSHION STYLE Required	◯ VIGOUR. Non-adjustable cushion ◯ SPEX. Adjustable cushion base Select trough height: ◯ Std: 30mm ◯ Hi: 50mm ◯ Super-Hi: 80-100mm	**FABRIC OPTIONS** Required	◯ Standard cover with dual shear-resistant surface (Default) ◯ Spextex. Water-resistant. Wipe-down surface ◯ Spextex. Knitted surface ◯ Airmesh spacer fabric surface ◯ Supracor supplied with envelope cover Border colour: ◯ Black ◯ Blue ◯ Pink ◯ Orange ◯ Grey
CUSHION SIZE	Required: Width x length		
FOAM CHANGES	◯ ½" Additional Soft Sunmate over surface ◯ ½" Gel-Foam over surface ◯ Waffle gel in ischial region ◯ Waffle gel over entire surface	**SPARE COVERS**	Note. Every cushion comes with 1 outer cover and 1 incontinence cover ◯ Spare outer cover. Quantity: _____ ◯ Spare incontinence cover. Quantity: _____ *Attention: Spare covers cannot be made later.*



PRE-ISCHIAL SHELF:

F = E =

Angle of shelf =

HIP BELT SLOTS:

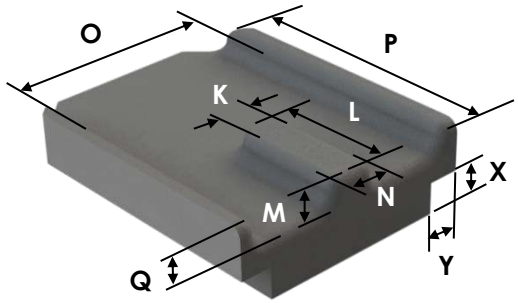
G = H = I =

POMMEL STRAP SLOT:

J =

CUT-BACK FOR CONTRACTURES:

U =



INBUILT ABDUCTOR POMMEL:

K = L =

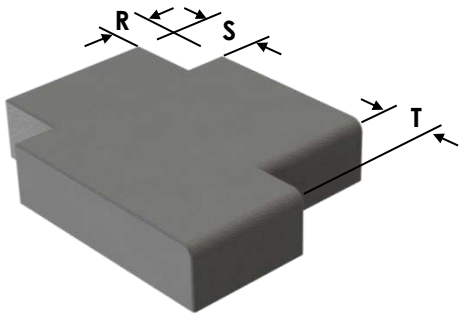
M = N =

INBUILT ADDUCTOR THIGH GUIDES:

O = P = Q =

SEAT RAIL CUT-OUT FOR DROP BASE:

X = Y =



LEG DISCREPANCY CUT-OUT:

T = LEFT RIGHT

CUT-OUT FOR CANES:

R = S =

OTHER DETAILS:

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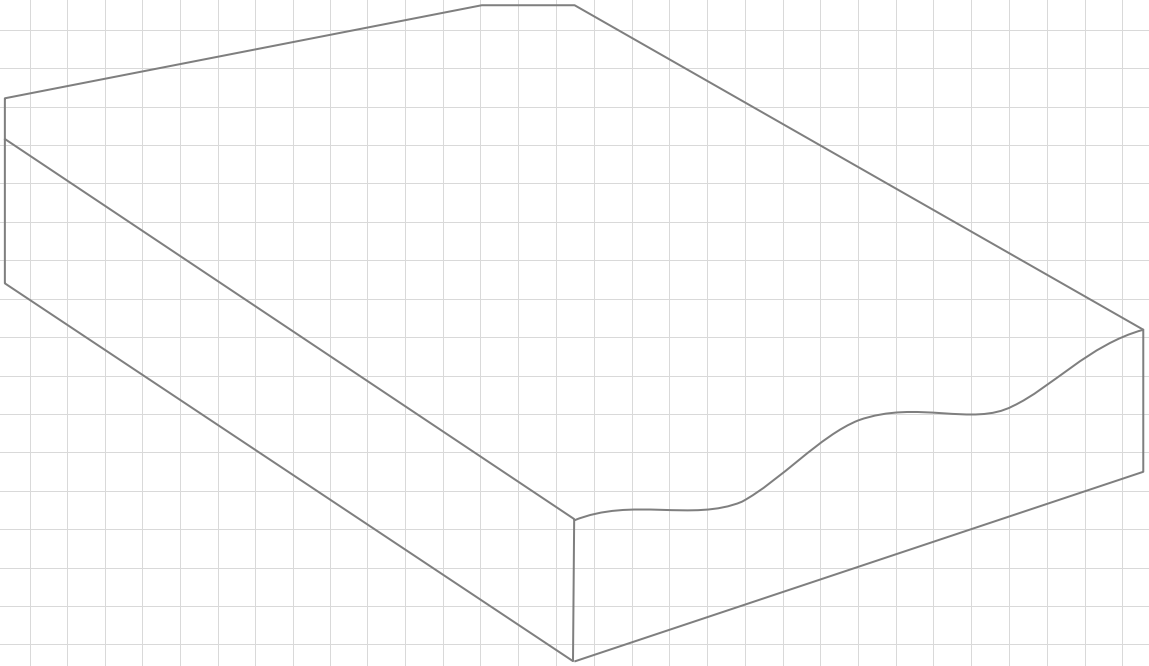
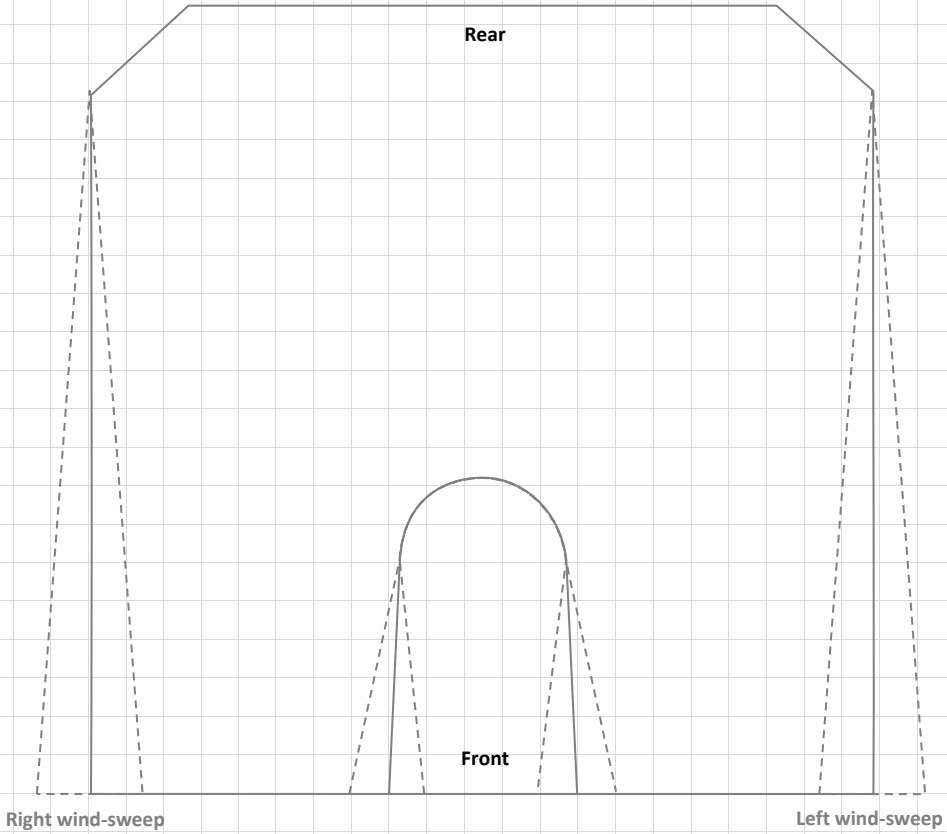
Draw on these profiles to clearly describe your request.
Include all dimensions.

VIEW ELEVATION



TOP VIEW



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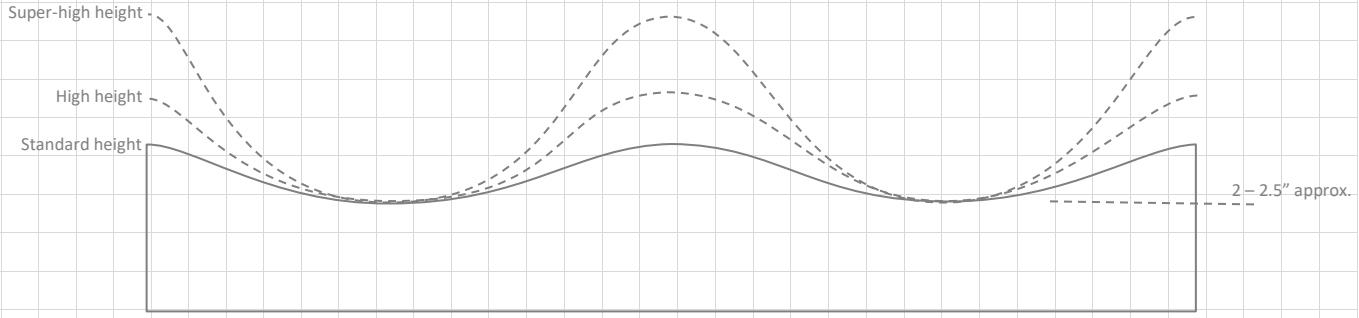
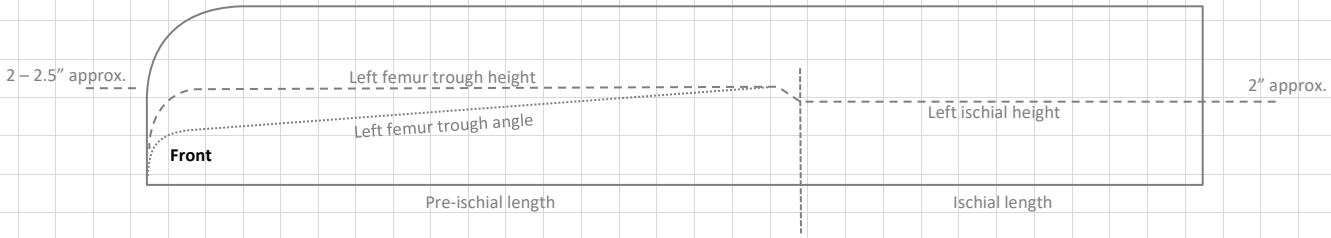
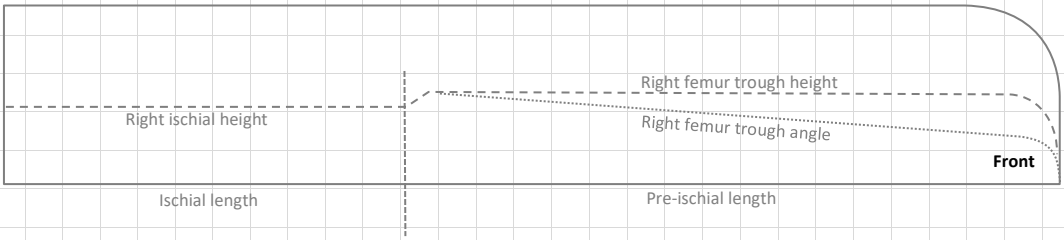
FRONT VIEW



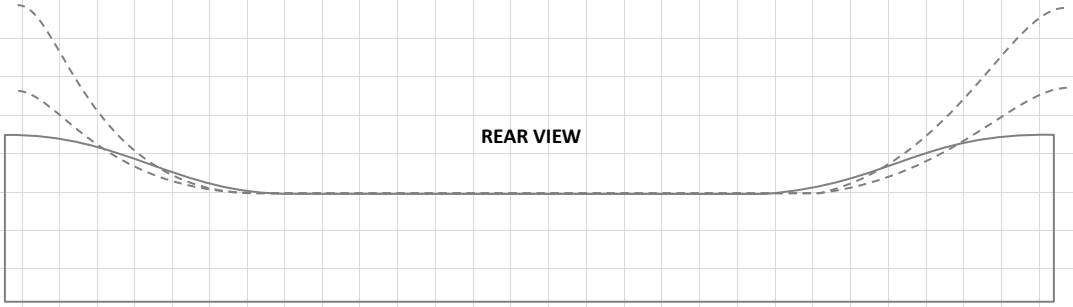
USER'S LEFT SIDE



USER'S RIGHT SIDE



REAR VIEW



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SOFT 15MM OVERLAY
Notes:

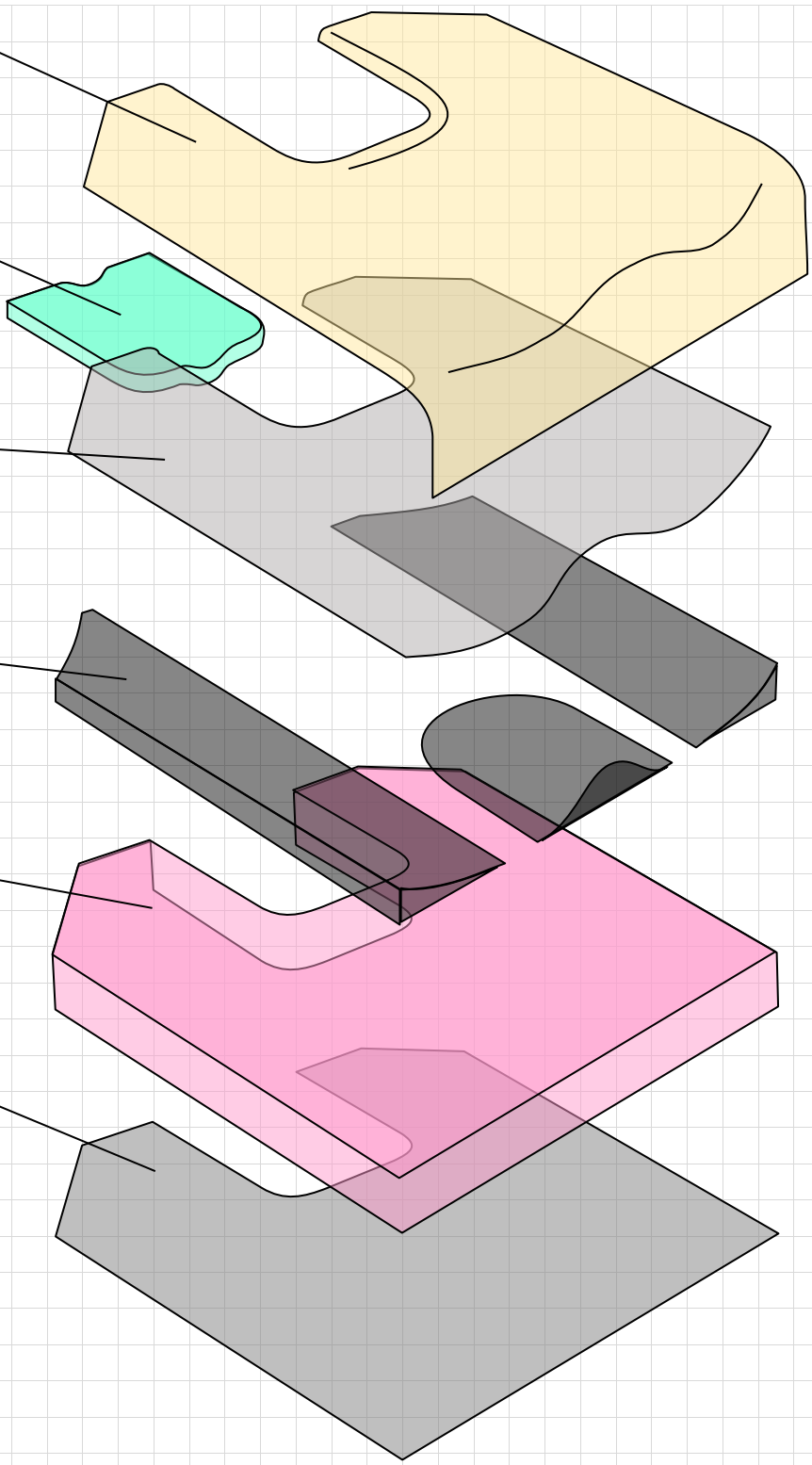
ISCHIAL WELL ½" GEL-FOAM
Notes:

PRESSURE-REDUCING SOFT SUNMATE OVERLAY
Notes:

CONTOUR PROFILES
Notes:

CUSHION STRUCTURE
Notes:

CUSHION BASE 10MM FOAM BASE
Notes:



Disclaimer:

1. The supplier/purchaser undertakes full responsibility for accuracy of measurements and data given.
2. If inaccurate details are given, Medifab takes no responsibility for incorrect product supplied
3. The supplier/purchaser will not be reimbursed/refunded when inaccuracies are given.
4. Medifab manufactures the product according to the details and data given. Medifab takes no responsibility for missing details or changes that occur during the manufacturing process.
5. Medifab has authority to not make the product until details are clarified or obtained. This delay will be deemed essential and no responsibility will be accepted due to delays in supplying the product.