

# Trial Equipment

## Script Form

### THERAPIST DETAILS

Name _____	DATE _____
Address _____	Delivery details _____
Phone _____	_____
Fax / Cell phone _____	_____
Email _____	_____

### CLIENT DETAILS

NAME _____	ACC claim No. _____
Disability _____	ENABLE TRIAL NO. _____
Weight _____	Shoe size _____

### MEASUREMENTS / SPECIFICATIONS (please indicate desired requirements, we will try to provide as close to request as possible)

Chair Type \_\_\_\_\_ Materials  Aluminium  Titanium Serial No. \_\_\_\_\_ (office)

#### Fixed Frame Footplate options

Standard  One piece flip up  Two single flip ups  Angle adj footplate  ABS on footplate

#### Folding Frame Footplate options

Std swing away  One piece flip up  Drop in  Fixed front  Angle adj footplate Hanger angle \_\_\_\_\_

Measurements	Requested	Trial set at	Measurements	Requested	Trial set at
Seat Width	_____	_____	Spoke guards	_____	_____
Seat Length	_____	_____	Anti-tips	_____	_____
Seat to footplate	_____	_____	Brakes - type	_____	_____
Back height	_____	_____	Push handles - std	_____	_____
Seat to floor - front	_____	_____	- height adjustable <small>(in back canes only)</small>	_____	_____
Seat to floor - back	_____	_____	- fold down <small>(in back canes only)</small>	_____	_____
Camber	_____	_____	Armrest - tubular S/A	_____	_____
Back angle	_____	_____	- T height adj desk or full	_____	_____
Castors	_____	_____	- ABS guard attach.	_____	_____
Rear wheel size & type	_____	_____	Upholstery sling	_____	_____
Tyres	_____	_____	Standard back	_____	_____
Pushrims	_____	_____	Tension adj back	_____	_____
Quick/quad axles	_____	_____	Skirt guards fabric	_____	_____
Tray	_____	_____	Skirt guards drop in	_____	_____
Seatbelt	_____	_____	Impact guards	_____	_____
Adj Piranha block position	_____	_____	Adj Piranha Fork type	_____	_____

### COMMENTS

Goods on trial must be purchased or returned within 14 days (unless agreed otherwise). Goods must be returned in good condition. Damaged goods will be the responsibility of the client and the cost of the repairs will be invoiced. Return freight to Melrose Chairs is the clients responsibility unless otherwise arranged.

DATE SENT _____	DATE RETURNED _____	PREPARED/CHECKED BY _____
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