



Brant Arts Medical Building
672 Brant St Burlington ON L7R 2H3
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www.bamobility.ca

Wheelchair Assembly Requirements

Sales Rep: _____

OT Name: _____

Client Name: _____

Address: _____

Client Weight: _____

Back Rest: _____

Wheelchair: _____

Cushion: _____

Width: _____

Extra Cover: Yes No

Depth: _____

Solid Seat Insert: Yes No

Finished Seat to Floor: _____

Amp Board/Stump Pad: _____

Rear Wheels: _____

Headrest: _____

Casters: _____

Tray: _____

COG: _____

Brake Type: Push-to-Lock Pull-to-Lock

Leg Rest Length: _____

Brake Extensions: Yes No

Quick Release Axle: Yes No

Anti-tips: Yes No

Angle Adj. Footplates: Yes No

Seat Belt: 48" 60" 2Pt 4Pt

Elevating Leg Rest: Yes R / L No

Arm Type: _____

Colour: _____

Office Use Only:

Serial #: _____

Verified by: _____