

Order form special adaptation

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My-Netti.com

Enable joy of life

Netti
BY ALU REHAB

Date: Customer code: C-
Invoice address: Contact person:
Invoice address = delivery address: Reference:
Mobile phone: Email address:

Dear customer,

we would really like to get a realistic impression about what your need for a special adaption is.

That's why we need to ask you 8 questions.

Please be so kind to answer these questions to enable us to come up with an appropriate quotation.

Have a look at our brochure for special adapted products to identify a similar product. To find on www.alurehab.com

1. Please give us a description about your actual case and how do you think the special adaptation could solve your problem.
A description of the purpose will be helpful to come up with a solution we might have produced.

2. It would be very helpful if you could add an even rough drawing with measurements in mm: Drawing is enclosed

3. If you can't draw a picture please describe your need in writing:

4. Additionally it would be very helpful if you could add a picture/video of the user: Pictures / Video are enclosed

5. On which chair are you going to use the special adaption?
Seat width / seat depth / back height / seat height?

6. User is passive or has movement pattern which exposes the wheelchair to very hard usage.

Active Passive

7. User weight in kg:

8. Please give us some additional info about the user like e.g. diagnosis:

To inform us about needed standard accessories or wheelchair, please use our standard wheelchair order form and decide there what you need. Please send it together with this form either per fax or email.

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