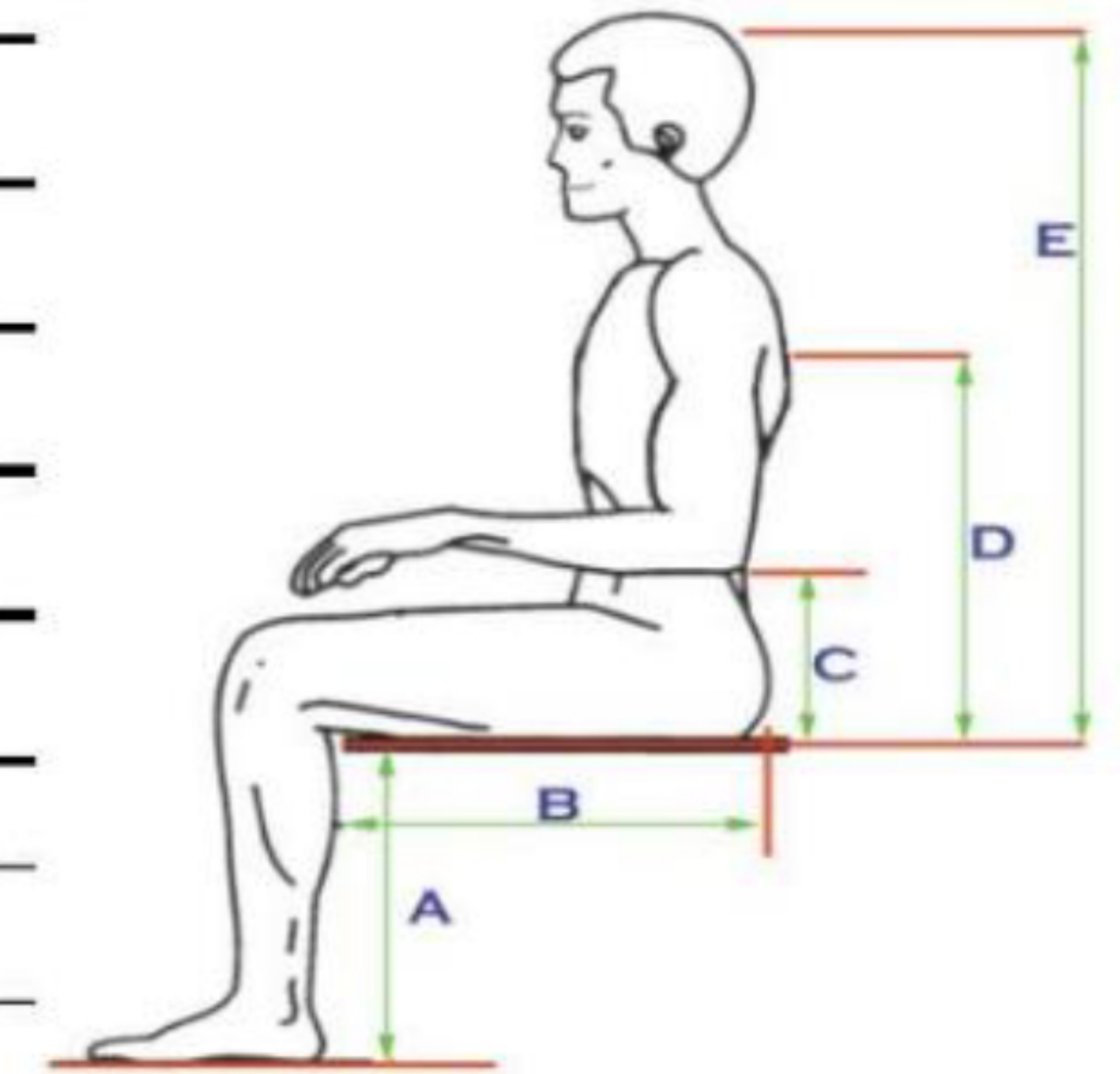


Please specify English or Metric measurement.

A. Leg length	Seat Width
B. Seat Depth	Weight
C. Seat to Elbow	Age if Pediatric
D. Seat to Axilla	Phone ()
E. Seat to Top of head	Alternate Phone ()
Current Cushion	Type of Disability



Ship to Address _____ Bill to Address _____

City, State Zip _____ City, State Zip _____

Special Seating Instructions or Notations _____