

**Fastpulse Trading 77 (PTY) Ltd WHEELCHAIR PRESCRIPTION**

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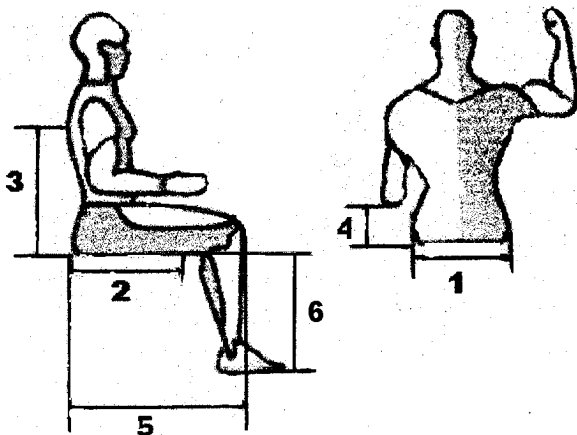
Name of Patient:.....DOB.....Hosp.....

Physical address:.....

Tel. No. w.....h.....f.....Cell.....

Medical Aid: ..... No..... Memb..... Auth:.....

**Notes:** 1) Diagnosis;



|   |  |
|---|--|
| Wheelchair (Brand name)   |  |
| Seat width (1)  | 30cm    35cm    40cm    45cm    50cm                           |
| Seat depth (2)  | cm   |
| Cushion thickness & type  |  |
| Adjustable Pelvic stabilisers                                   |  |
| Adjustable Torso stabilisers                                    |  |
| Adjustable Headrest height (bottom of buttocks to top of head)  | cm   |
| Backrest height (3)      (Depends on cushion thickness)         | cm   |
| Backrest upholstery type  | Standard                      / Tension Adjustable             |
| Armrest height (4)      (Depends on cushion thickness)          | cm   |
| Rear wheels   | MAG    / Spoke    /Pneumatic    / Solid tyre                   |
| Rear tyre size (610 x 35 / 610 x 44 mm)                         | (24") 35mm (standard)    / (24") 44mm (wide)    / (20") 44mm   |
| Rear wheel camber (0°, 3°, 5°)                                  | 0°(standard)            3°            5°                       |
| Castor size (200 x 50 / 200 x 27 / 126 x 30)                    | 200x50 (large wide)    /200x27(large narrow)    /126x30(small) |
| Posterior knee length (determines length of wheelchair) (5)     | cm   |
| Amputee brackets (change of centre of gravity) / Anti-tip wheel |  |
| Footrest (single / two) / Elevating                             | Single large footplate    / Two ind. Footplates    / Elevating |
| Popliteal height (6) (Determines footrest adjustment)           | cm   |
| Colour  |  |

Date:

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Signed (Prescribing Healthcare Prof.) Name (printed) & Contact Tel. No.