

WHEELCHAIR COMPATIBILITY REQUEST

TEMPLATE FOR THE OFFICIAL SERVICES OF HOW THEY HAVE TO SEND THE IMAGES TO REQUEST A COMPATIBILITY OF A CHAIR THAT IS NOT IN THE COMPATIBILITY TABLE:

- 1- INDICATE CHAIR MANUFACTURER / MATERIAL / MODEL AND SERIAL NUMBER
- 2- MEASURE WITH GAUGE (KINGFOOT) THE DIAMETER OF THE CHASSIS TUBE
- 3- ATTACH IMAGES AS SHOWN IN THE DOCUMENT
- 4- FILL IN MEASURES REQUESTED IN THE SECOND SECTION OF THE DOCUMENT

IMAGES THAT WE WILL REQUEST FROM THE OFFICIAL SERVICE:

FRONTAL:



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LATERAL:



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INFERIOR:



WHEELCHAIR COMPATIBILITY REQUEST

THREE ROOMS:



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MINIMUM AND MAXIMUM DIMENSIONS:

| | | |
|----------------------------------|----------------------------------|------------------|
| SEAT WIDTH | SEAT WIDTH | From 30 to 50 cm |
| MINIMUM FOOTREST HEIGHT – FLOOR | MINIMUM HEIGHT FOOTREST – FLOOR | 5 cm |
| MINIMUM HEIGHT FRONT SEAT | MINIMUM FRONT SEAT HEIGHT | 45 cm |
| MINIMUM SEAT DISTANCE - FOOTREST | MINIMUM DISTANCE SEAT - FOOTREST | 30 cm |

IMAGERY:



WRITE DOWN MEASUREMENT:

WHEELCHAIR COMPATIBILITY REQUEST

MINIMUM FOOTREST HEIGHT -- FLOOR

LATERAL



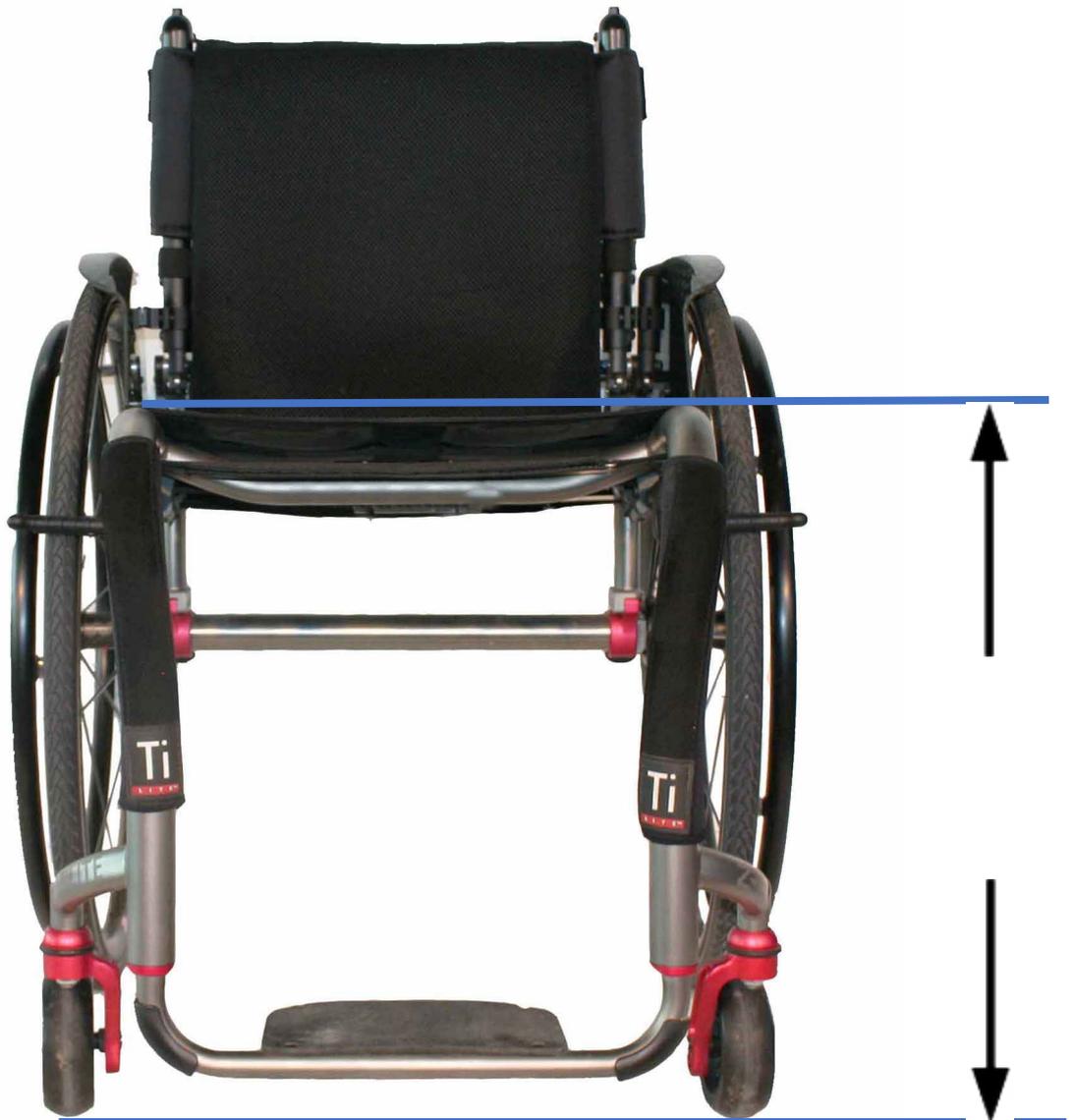
WRITE DOWN MEASUREMENT:

Empty rectangular box for recording the measurement.

WHEELCHAIR COMPATIBILITY REQUEST

MINIMUM HEIGHT FRONT SEAT

FRONTAL



WRITE DOWN MEASUREMENT:

WHEELCHAIR COMPATIBILITY REQUEST

MINIMUM SEAT DISTANCE - FOOTREST

FRONTAL



WRITE DOWN MEASUREMENT:

Empty box for writing down the measurement.