

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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Prescription Details for Manual Wheelchair Only: (answers required for all specifications)

1. Seat Width 91.45 ☒ cm or ☐ inches
2. Seat Depth 38.03 ☒ cm or ☐ inches
3. Finished Seat to Floor Height 4.97 ☒ cm or ☐ inches
4. Back Cane Height 36.4 ☒ cm or ☐ inches
5. Finished Back Height 59.35 ☒ cm or ☐ inches
6. Finished Leg Rest Length 80.29 ☒ cm or ☐ inches
7. Client Weight 82.45 ☒ kg or ☐ lbs

Note: See product manual for details about all generic device types.

Additional ADP Funded Options Required for Prescribed Manual Wheelchair: (check one or more)

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|---|---|---|
| <input type="checkbox"/> Adjustable Tension Back Upholstery | <input checked="" type="checkbox"/> Spoke Protectors (pair) | <input type="checkbox"/> Stroller Handles/Paediatric |
| <input type="checkbox"/> Heavy Duty Cross Braces & Upholstery | <input type="checkbox"/> Projected Handrims (pair) | <input type="checkbox"/> Oxygen Tank Holder |
| <input type="checkbox"/> Recliner Option | <input checked="" type="checkbox"/> Standard Manual Wheelchair Frame with Manual Dynamic Tilt * | <input type="checkbox"/> Ventilator Tray |
| <input type="checkbox"/> Angle Adjustable Footplates (pair) | <input checked="" type="checkbox"/> Grade Aids (pair) | <input checked="" type="checkbox"/> Titanium Frame * |
| <input checked="" type="checkbox"/> Elevating Legrests (pair) | <input type="checkbox"/> Caster Pin Locks (pair) | <input type="checkbox"/> Clothing Guards (pair) |
| | <input checked="" type="checkbox"/> Amputee Axle Plates (pair) | <input checked="" type="checkbox"/> One Arm/Lever Drive |
| | <input type="checkbox"/> Quick Release Axles (pair) | <input type="checkbox"/> Uni-Lateral Wheel Lock |
| | | <input type="checkbox"/> Plastic Coated Handrims |

*** Provide Clinical Rationale**

Obesity - a medical condition characterized by excessi

Non ADP Funded Options Prescribed (Optional)

Set Up Instructions for Vendor (Optional)

☒ **Custom Modifications Required**

The authorizer must provide clinical rationale to support the request in the space below and attach a vendor quote that provides a breakdown of the cost of labour (not to exceed \$40.00/hour) and parts.

Adjustable backrest - Labor - 100 and Parts - 75