

Applicant's Last Name	First Name	Health Number (10 digits)	Version
-----------------------	------------	---------------------------	---------

## Section 2d - Positioning Devices (Seating) for Mobility

### Devices and Options

<b>Seat cushion</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Seat Cushion Cover(s)	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Seat Option(s)	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Seat Hardware	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Pommel/Adductors	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Pommel Hardware		<input type="checkbox"/> Custom Fabricated
<b>Back Support</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Back Support Options	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Back Cover		<input type="checkbox"/> Custom Fabricated
Back Hardware	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
<b>Complete Assembly</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
<b>Headrest/Neckrest</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Headrest/Neckrest Options		<input type="checkbox"/> Custom Fabricated
Headrest/Neckrest Hardware	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
<b>Positioning Belts</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Positioning Belt Options		<input type="checkbox"/> Custom Fabricated
<b>Arm Support(s)</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Arm Support Options	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Arm Support Hardware	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
<b>Tray</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Tray Options	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
<b>Lateral Support(s)</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Lateral Support Options		<input type="checkbox"/> Custom Fabricated
Lateral Support Hardware		<input type="checkbox"/> Custom Fabricated
<b>Foot/Leg Support(s)</b>	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Foot/Leg Support Options	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated
Foot/Leg Support Hardware	<input type="checkbox"/> Modular	<input type="checkbox"/> Custom Fabricated

**FOR ADP USE ONLY**

**Section 2d continued**