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

Prescription Details for Manual Wheelchair Only: (answers required for all specifications)

1. Seat Width _____ ☐ cm or ☐ inches
2. Seat Depth _____ ☐ cm or ☐ inches
3. Finished Seat to Floor Height _____ ☐ cm or ☐ inches
4. Back Cane Height _____ ☐ cm or ☐ inches
5. Finished Back Height _____ ☐ cm or ☐ inches
6. Finished Leg Rest Length _____ ☐ cm or ☐ inches
7. Client Weight _____ ☐ 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)

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

*** Provide Clinical Rationale**

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.