## **CUSTOM MADE DEVICE REQUEST**

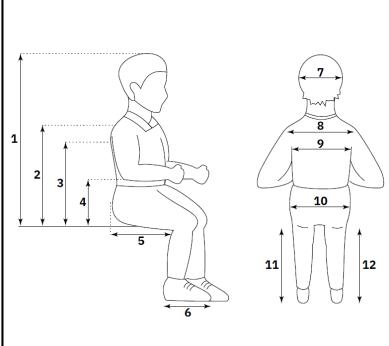


## **Custom Made Device**

Identification code:			
The Asana case number you get in the confirmation e-mail when you submit the request.			
Category 1 - 6:			

## Information to consider

Height:		Weight:
Symptoms:	Comment:	
Yes No		
Rocker		
Tremors		
Scoliosis		
Other		



		MEASUREMENTS	[CM]
	1	Top of head to bottom of buttocks	
	2	Top of shoulder to bottom of buttocks	
<ul> <li>3 Arm pit to bottom of buttocks</li> <li>4 Elbow to bottom for buttocks</li> <li>5 Back of buttocks to back of knee</li> </ul>		Arm pit to bottom of buttocks	
		Back of buttocks to back of knee	
	6	Foot length	
	7	Head width	
	8	Shoulder width	
	9	Arm pit to arm pit	
	10	Hip width	
	11	Distance to bottom of left leg (popliteal to heel)	
	12	Distance to bottom of right leg (popliteal to heel)	

Is this a request for a new chair?

Yes

No

If Yes, attach configuration as attached file to the request.

If No to the previous question; Attach the Serial number and Model of the existing product on next side.

## CUSTOM MADE DEVICE REQUEST CAT. 1-6. ////WEDIC



	Rev 01
Write which type of chair the special article is to be	mounted on.
Serial number:	Model:
Base Model/size:	Seat frame Model/size:
Seat height:	Seat tilt Forward/back:
Other relevant chair information:	
Explain request in words:	
Attach image/illustation bellow:	