



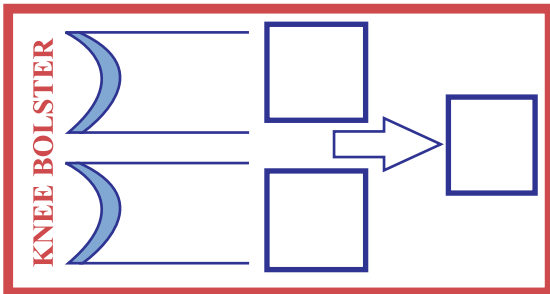
CHIEF 107-ZRX

E-Z Rx Measuring Form

*** REPRESENTATIVE NAME** _____

*** CUSTOMER NAME** _____

*** DATE** _____ *** HEIGHT** _____ **FT** _____ **IN** *** WEIGHT** _____



**CURRENT CHAIR
BACK HEIGHT**

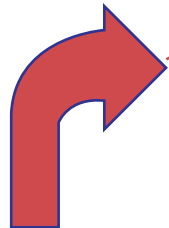
**ACTUAL BACK
HEIGHT**

**CURRENT CHAIR
ARM LENGTH**

**ACTUAL
ARM LENGTH**

**CURRENT
CHAIR SEAT
HEIGHT**

**ACTUAL SEAT
HEIGHT**



**CURRENT CHAIR
SEAT WIDTH**

**ACTUAL CROSS
HIPS**



**CURRENT CHAIR SEAT
DEPTH**

**ACTUAL SEAT
DEPTH**

