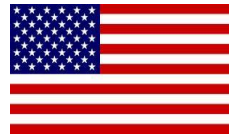


CHIEF 107-ZRX

REDMAN®



*Indicates a Required Field

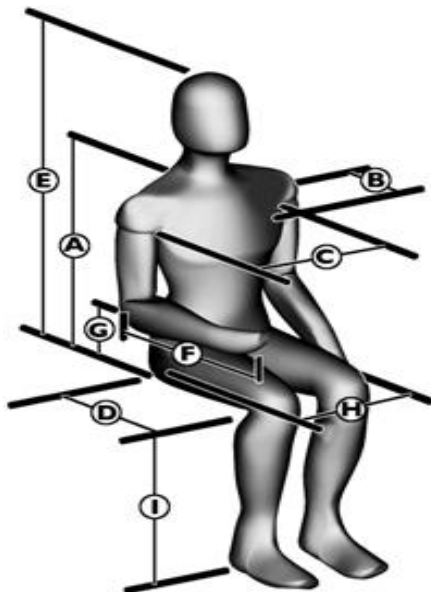
Client Information

Redman recommends that the client is evaluated by a certified rehab specialist.

*First Name:
*Last Name:
Diagnosis:
Funding Source:
Client Age:
*Email Address:

Client Measurements

*Weight:
*Height:
A) Top of Shoulders:
B) Chest Depth:
C) Chest Width:
D) Seat Depth:
E) Top of Head:
F) Elbow to Hand:
G) Seat Pan to Elbow:
H) Hip Width:
*Knee to Foot:



Redman Power Chair

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