

TO PLACE AN ORDER PLEASE FILL OUT THE INFORMATION BELOW

3 - DATE AND BUYER INFORMATION:

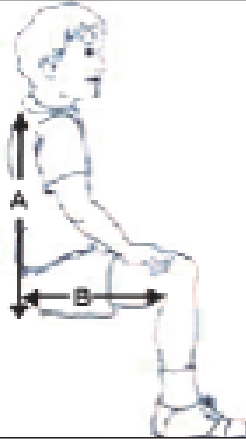
4 - NAME OF USER:

1 - TAKE MEASUREMENTS WHILE SITTING STRAIGHT UP AS POSSIBLE, AS SHOWN IN THE DRAWINGS

5 - CARE TAKER/BUYER INFORMATION:

A - SEAT TO SHOULDERS
(30-45cm)

CM



INSURED PARENT/BUYER FULL NAME:

B - SEAT DEPTH (SEAT TO BACK OF KNEES)
(25-38cm)

CM

IDENTIFICATION/PASSPORT NO:

TELEPHONE:

C - CHEST WIDTH
(18-33cm)

CM

E-MAIL:

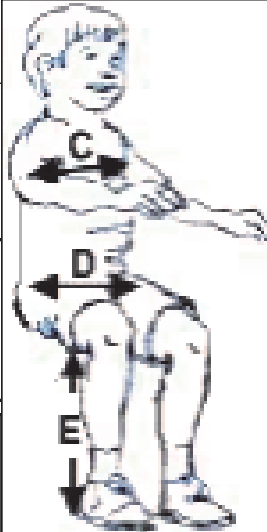
D -HIP WIDTH
(22-35cm)

CM

INVOICE ADDRESS:

E—LOWER LEG LENGTH
(BACK OF KNEES TO HEEL WITH SHOES)
(21-42cm)

CM



DELIVERY ADDRESS: (if different)

2 - CHILD'S INFORMATION

DELIVERY RECIPIENT FULL NAME & TELEPHONE:

AGE:

5 - UPHOLSTERY COLOR: ASK WHAT'S AVAILABLE

WEIGHT:

(BASIC BLACK WITH COLOR HIGHLIGHTS)

HEIGHT:

TRAK™ SPECIFICATIONS

GENDER:

MAXIMUM WEIGHT CAPACITY	PUSH HANDLE ADJUSTABILITY HEIGHT	WEIGHT OF CHAIR	FRONT WHEEL DIAMETER	BACK WHEEL DIAMETER	FOLDED CHAIR DIMENSIONS
36kg	86-107cm	18kg	18 cm	41cm	92 X 51 X 64 cm

DIAGNOSIS:

KİFAS ORTOPEDİK ÜRÜNLER SAN. VE TİC. LTD. ŞTİ.

İVEDİK OSB / HASEMEK KOOP. 1468. Cad No: 47 / 06370 YENİMAHALLE- ANKARA

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ACCESSORIES INCLUDED IN STANDARD CHAIR

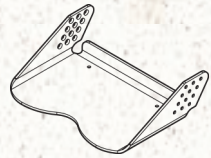


"TILT-IN-SPACE"

ADJUSTABLE HEAD REST
AND BACK REST
SEATING SYSTEM.



LUXURY SUNSHADE



HEIGHT ADJUSTABLE
FOOT PALET



AUTO-STYLE SEAT BELT



NEOPRENE 4-POINT ANTERIOR
CHEST HARNESS OPTIONS



UTILITY BASKET



HIP GUIDES



"RESPOND"
CRADLE HEADREST



1



2



3



4



5

OPTIONAL ACCESSORIES

OPTIONAL ACCESSORIES			✓
1	NEOPRENE 4-POINT LAP BELT		
2	ABDUCTOR BLOK (5X7X9CM)		
3	GRAB BAR		
4	PORTABLE THERAPY TABLE		
5	FOOT & ANKLE BANDS		

NOTES:

KİFAS ORTOPEDİK ÜRÜNLER SAN. VE TİC. LTD. ŞTİ. Bank Information

TURKIYE GARANTI BANKASI A.S.

TL IBAN: TR79 0006 2001 4950 0006 2961 45

USD\$ IBAN: TR34 0006 2001 4950 0009 0918 16

EURO€ IBAN:TR98 0006 2001 4950 0009 0939 62 SWIFT: TGBATRIS

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