

- Cash Insurance
 Grant Other_____

Rep.: _____
 Event: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Email: _____

Date: _____ SSN#: XXX - XX - _____
 Age: _____ Weight (lbs.): _____ Height: _____"
 Disability: _____
 Tel #: () _____ - _____ (Home or Work)
 Other Info: _____

FRAME SPECIFICATION

Model

Trans4max..... Retail: \$3349

1) Seat Width

- 14" 15" 16" 17" 18"

2) Seat Depth

- 14" 15" 16" 17" 18"

2a) **Total Length** _____"

3) Rear Seat Height

- 15" 16" 17" 18" 19" 20"

4) Front Seat Height

- 15" 16" 17" 18" 19" 20"

5) Backrest Height

- 10" 12" 14" 16" Other: _____"

Back Height Adj.: From _____" to _____" \$80

6) Back Angle

- 0° 3° 5° Other: _____°

7) Foot Width

- 8" 9" 10" 11" Other: _____"

8) Lower Leg Length _____" (16", 17", etc.)

9) Backrest To Center Axle (C.G)

- 0" 1" 2" 3" Other: _____"

10) Center Axle to Caster Housing

- 14" 15" 16" 17" Other: _____"

11) Side Wheel Clearance

- 1" 1 1/2" 2"

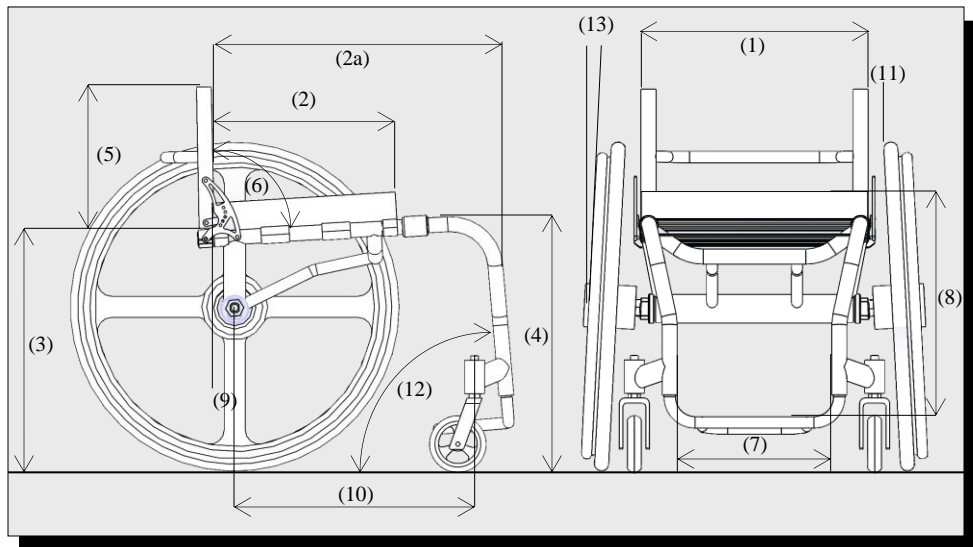
12) Front End Angle Relative to Floor

- 85° 80° 75°

13) Camber Angle

- 0° 3°

Notes:



*Effective: October 2015

Pricing and specifications are subject to change without notice.

Customer Services:
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PER4MAX MEDICAL
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