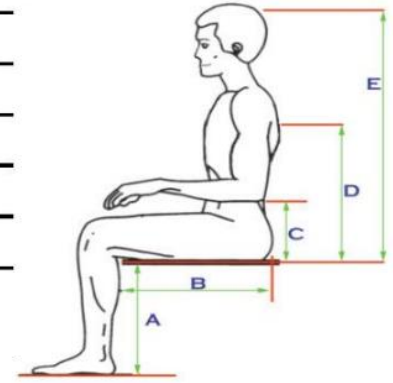




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Please specify English or Metric measurement.

A. Leg length	Seat Width
B. Seat Depth	Weight
C. Seat to Elbow	Age if Pediatric
D. Seat to Axilla	Phone ()
E. Seat to Top of head	Alternate Phone ()
Current Cushion	Type of Disability



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