

Dealer Information

Dealer Name: _____ Contact Name: _____ Dealer Accreditation #: _____

Installer Name: _____

Street Address: _____ State/Province: _____ Zip/Postal Code: _____

Mobile Phone: _____ Email: _____ Office Phone: _____ Fax: _____

Sales Representative

Name: _____ Mobile Phone: _____ Office Phone: _____ Fax: _____

Client Information

Name: _____ Height: _____ feet _____ inches _____ Weight: _____ lbs. _____ Age: _____

Patient Lift System Options

Track System

Track Type

Ceiling Mount Wall Mount Flush Mount Free Standing Retrofit Custom

Profile

XY Gantry Curved System Straight Track

Customize

Turn Table Gantry Gate Room-to-Room Curtain Jumper

Manual:

Traverse:

Traverse

Power Manual

Ceiling Height: _____

*See below for retrofit options.

Lift System

Ceiling Mounted

GoLift400

GoLift700

GoLift1000

Portable

GoLiftPortable450

Accessories

2-Point Carry Bar

4-Hook Carry Bar

4-Point Carry Bar

24" Reacher Bar

Custom Reacher Bar _____"

Charging System

End-stop:

Continuous:

Handset:

Slings

Type

GoBasic:

GoComfort:

GoHygiene:

GoLong:

GoActive:

GoLimb:

Head Support

Yes: No:

Fabric

Mesh:

Woven:

Disposable:

Retrofit System

Current Track System

Arjo:

Guldmann:

Liko:

Prism:

Tollos:

Other: _____

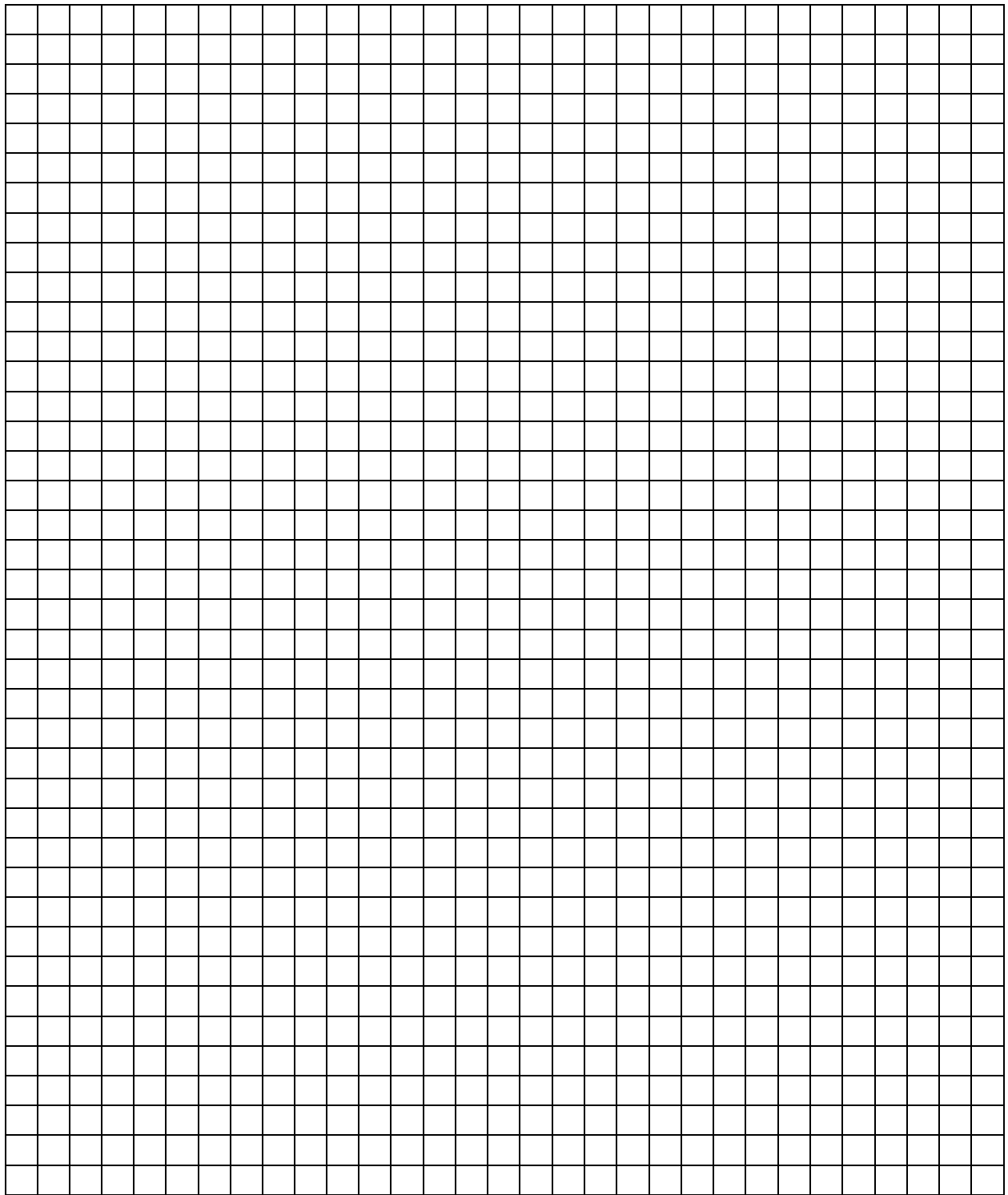
Charging System

End-stop:

Continuous:

Additional Information

***Please take photo of current track system and lift.**



Notes:

A rectangular box with a black border, intended for writing notes. It is currently empty.

