

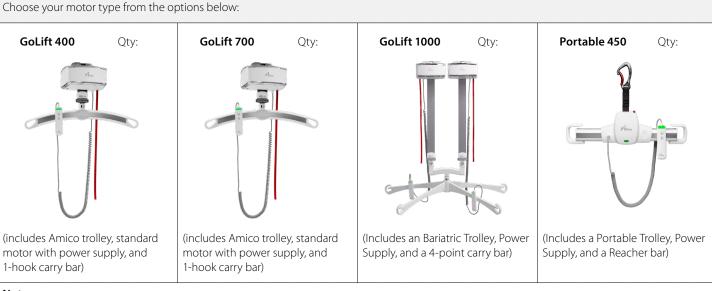
Patient Lift System Options

Date:

Dealer Information			
Name:			
Street Address:	State/Province:	Zip/Postal Code:	Country:
Shipping Address:	State/Province:	Zip/Postal Code:	Country:

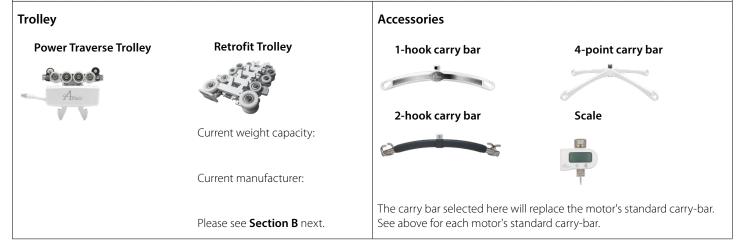
Patient Lift System Options

A. MOTOR



Notes:

To customize GoLift 400 or 700 further, please specify below:





Patient Lift System Options

B. RETROFITTING (IF APPLICABLE)

Disclaimer: Only fill out if **Retrofit Trolley** is selected in **Section A**.

Please Indicate current Track System manufacturer:

Charging System of current track system installed:

End-stop Continuous

Hand-set Charging

Please insert a picture of the current Track as shown in the example below of your current track:

Example:





C. TRACK SYSTEM Choose your track type from t	the options below:			
Straight Track (ft)				
	8 ft	Qty:	15 ft	Qty:
	10 ft	Qty:	20 ft	Qty:
	12.5 ft	Qty:		
XY Gantry (in)				
	8 x 8 in	Qty:	Custom size:	Qty:
The state of the s	10 x 10 in	Qty:		
	12.5 x 12.5 in	Qty:		
Custom Track Design. Please r	efer to Section D below.			
Freestanding (ft)				
	8 ft	Qty:		
	10 ft	Qty:		
	12.5 ft	Qty:		
Wall Post				
Please indicate the length of track from post to post (in):			Qty:	
Wall Bracket				
Please indicate the length of t	rack from post to post (in):		Qty:	
Charging System:				
End-stop	Continuous		Hand-set	
Notes:				
Ensure standard electric outle	t is located close to track for charg	ing capabilities.		



Patient Lift System Options

D. CUSTOM TRACK DESIGN

Please draw your choice of track design with detailed measurements. Ignore if you did not choose custom track design under **Section C**.

