

Spica Order Form

Please fill in, save and email to info@chunc.co.uk

Patient Details



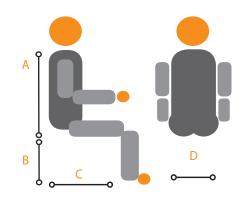
Surgery

Date of Surgery:

Type of Surgery:

Chair Sizing - see size guide

| Size | Please Tick |
|-------------|-------------|
| Extra Small | |
| Small | |
| Medium | |
| Large | |



*Measurements to be taken in a seated position

Size Guide*

| | XS | | | S | | | М | | | L | |
|---|---------|---------|---|---------|---------|---|---------|---------|---|---------|---------|
| А | 36-44cm | 14-17in | А | 42-52cm | 17-20in | Α | 48-60cm | 19-24in | Α | 54-66cm | 21-26in |
| В | 21-43cm | 8-17in | В | 21-43cm | 8-17in | В | 21-43cm | 8-17in | В | 21-48cm | 8-19in |
| С | 20-30cm | 8-12in | С | 25-35cm | 10-14in | С | 30-40cm | 12-16in | С | 35-45cm | 14-18in |
| D | 15-26cm | 6-10in | D | 20-31cm | 8-12in | D | 25-36cm | 10-14in | D | 30-41cm | 12-16in |

Set Up Options

| Chair Model | Please Tick ONE Option Only |
|--------------|-----------------------------|
| Hip Spica | |
| Spinal Spica | |



Arm Supports

Please select ONE option only.

| Туре | Please Tick |
|-----------------------------|-------------|
| Standard Fixed Arms | |
| Multiplane Swing Away Arms* | |

^{*}Swing Away armrests are only available on medium and large chairs.



Leg Assembly

Please select ONE option only.

| Туре | Please Tick |
|--------------------------|-------------|
| Independent Leg Support* | |
| Footbox | |

 $^{{\}it *Independent leg supports are not available on the Spinal Spica}$



Accessories

Both options are available.

| Туре | Please Tick |
|---------------|-------------|
| Activity Tray | |
| Pommel | |



| Delivery and Set Up | | |
|---|----------------------|--------|
| Estimated date for chair delivery: | | |
| Estimated date for set up: | | |
| Venue for set up. If home, please supply address including postode: | | |
| Telephone: | | |
| Spica Chair Loan Duration | | |
| Expected duration of loan: | | |
| Predicted return date (subject to change): | | |
| Collection | | |
| Parent/Guardian contact name: | | |
| Telephone: | | |
| Email Address: | | |
| Please complete venue address including postcode for collection: | | |
| at any time. □ Special Requests/A | ditional Comments | |
| | | |
| Contact your local | eating specialist or | Submit |