

Please fill in your details below

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Purchase Order No: \_\_\_\_\_

Trust: \_\_\_\_\_ Hospital: \_\_\_\_\_

Ward: \_\_\_\_\_ Ward Telephone No: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Weight: \_\_\_\_\_

<b>Bed</b>	318kg ProAxis Plus pressure area care system with weight indicator	<input checked="" type="checkbox"/>
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Please tick any item from each of the ranges below to create your Patient Specific Package.

<b>Chairs</b>	223kg Electric Rise/Recline Chair	<input type="checkbox"/>
	318kg Electric Rise/Recline Chair	<input type="checkbox"/>
	318kg Static Chair	<input type="checkbox"/>
	318kg Extra Wide Static Chair	<input type="checkbox"/>

<b>Liko Hoists</b>	Ultra Twin Gantry Hoist	<input type="checkbox"/>
	Viking XL/300	<input type="checkbox"/>

<b>Commodes</b>	318kg Commode/Shower Chair	<input type="checkbox"/>
	380kg X148 Zenith Commode	<input type="checkbox"/>

<b>Wheelchair</b>	318kg Manual Wheelchair	<input type="checkbox"/>
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<b>Walking Frame</b>	318kg Walking Frame	<input type="checkbox"/>
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Once you have filled in the relevant sections please fax this form back to  
**01978 661705** (Average delivery - 4 Hours)