



CUSTOM MADE SHOWER COMMUNE SEATS Script Form

Client

Date: _____

Name: _____

Email: _____

Phone: _____

Fax: _____

Address: _____

Therapist

Name: _____

Email: _____

Phone: _____

Fax: _____

Aidacare Representative

Name: _____

Email: _____

Please complete all relevant details below in **1** to **8** and send completed script form to commodeseats@aidacare.com.au

1 Please choose one:

Order

or

Quote Request

Order #: _____

2 Which brand of shower commode will the seat be attached to? (Required for attachment type):

3 Choose your Fabric

PU Coated 4 way Stretch Fabric
(Standard seat thickness 70mm with 30mm memory foam top layer)



Medical Grade White Vinyl
(Standard seat thickness 50mm)



4 Choose your Seat Configuration (MUST CHOOSE ONE)

Open Front



Open Right



Closed Front



Open Left



5 Optional Seat Configuration (CHOOSE ONE, BOTH OR NONE)

Right Bite
(Not with Open Right)



Left Bite
(Not with Open Left)

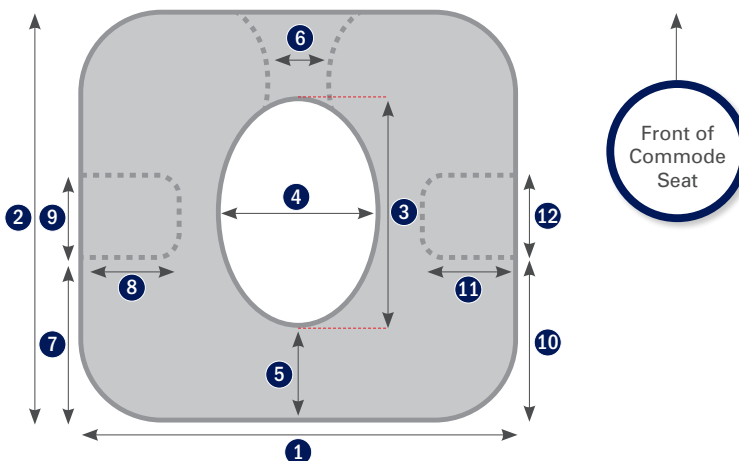


6 Specify Relevant Seat Dimensions (Use the Key in **7**)

	MEASURE	DIMENSIONS (MM)
1	Seat Width	
2	Seat Depth	
3	Hole Length	
4	Hole Width	
5	Hole From Rear	
6	Hole Opening	
7	Left Bite from Rear	

	MEASURE	DIMENSIONS (MM)
8	Left Bite Depth (from side)	
9	Left Bite Opening	
10	Right Bite from Rear	
11	Right Bite Depth (from side)	
12	Right Bite Opening	
13	Seat Thickness (Std for PU is 70mm / Vinyl is 50mm)	

7 Seat Dimensions Key



8 Additional Information

Notes: _____

Office Use Only:

Received by: _____ Checked by: _____

Completed by: _____ Completed date: _____

Serial #/s: _____

Serial number for one seat = Order number (e.g. ORD00400500)
 Serial number for multiple seats on one order = Order number (e.g. ORD00400500-1, ORD00400500-2 etc)

