

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Title / Affiliation: \_\_\_\_\_

Phone Number / E-mail: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

Part #:	Item Description:	Check Box:
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**Base (MUST CHOOSE ONE):**

201S49	Mighty Lite 12" Seat Width	
201S50	Mighty Lite 14" Seat Width	
201S51	Mighty Lite 16" Seat Width	
201S52	Mighty Lite 18" Seat Width	

**Color (MUST CHOOSE ONE):**

201UC3	Navy Upholstery	
201UC16	Raspberry Upholstery	

**Seat Angle (MUST CHOOSE ONE):**

201UA05	15 degree (standard option)	
201UA06	22 degree	

**Seat to Back Angle (MUST CHOOSE ONE):**

201UB23	85 degrees	
201UB10	90 degree (standard option)	
201UB24	95 degree	

**Optional Transit Accessory:**

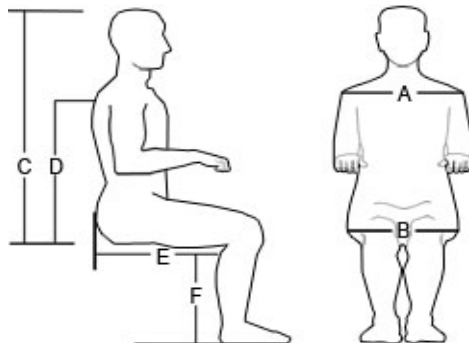
201TO44	<b>Complete Transit Option</b> (includes three points belt, H-harness & Headrest Ext.)	
201A807	Three Points POS Belt	
201K17	H-Harness & Padded Covers	
201HE75	Headrest Extension	

**Additional Accessories (must be explained in child's letter of medical justification):**

201F303	Angle Adjustable Footplates	
201F304	Foot & Ankle POS Straps (Sm - Med - Large - XL)	
201KH11	Medial Thigh Support (not available with foam wedge)	
201J18	Adj Lateral Support and Scoli Strap	
201ZH23	Padded Headwings	
201LF9	Upper Extremity Support Tray	
201A808	Foam Wedge	
201K19	Full Torso Support Vest	

**Measurements (MUST COMPLETE):**

Height:	_____
Weight:	_____
A. Shoulder Width:	_____
B. Hip Width:	_____
C. Hip to Head:	_____
D. Hip to Shoulder:	_____
E. Hip to Knee:	_____
F. Knee to Heel:	_____



**It's very important that these measurements are exact and done by a healthcare professional (not the family), as adjustments can't easily be done once ordered.**