

Seating Order Form

Rehab Design 
 Concepts
 14 Dogwood Road
 Mohrsville, PA 19541

Date Ordered _____ Needed _____ P.O. # _____

Company _____ Patient Name _____

Phone # _____ Ordered By _____ Chair Brand _____

Chair Size: SA Adult ___ NA Adult ___ Youth ___ X/LG ___ Other _____

Material: Vinyl ___ Darlexx ___ Color _____

Hardware Furnished By: R D C ___ Customer _____

Seat Information

Size: Depth _____ Width _____

Type Hardware: Drop Hook ___ Quick Release ___ Insert ___

Style: Plain ___ Rolled ___ Antithrust ___ Wedged ___ Amputee ___

Foam: Thickness _____ Kind _____ No Foam ___

Cut-Out Locations from Back Post: Left _____ Right _____

Hardware Type: _____ Hardware Quantity: _____

Back Information

Size: Height _____ Width _____

Type Hardware: Drop Hook ___ Quick Release ___ Insert ___

Style: Plain ___ Curved ___ Flexible Insert ___ Channel ___ NOTE: use channel diagram below

Foam: Thickness _____ Kind _____ No Foam ___

Cut-Out Locations from Back Post: Left _____ Right _____

Hardware Type: _____ Hardware Quantity: _____

THIS PORTION IS ONLY TO BE USED WHEN ORDERING A CHANNEL BACK

Channel Back Seating Diagram

When ordering the channel back first mark the box in the seating information section. Then use the diagram to show us the specific dimensions of the channel back.



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