

Rental Request Form (Corpus/Corpus VS)



Client

First Name

Surname

Funding Body

Weight (kg)

Therapist

First Name

Dealer

First Name

Surname

Surname

Role

Company

Phone

Phone

Email

Email

Chair

Base

Seat Width (in)

Seat Depth (in)

Seat Cushion (optional)

Backrest (optional)

Backrest width (Corpus)

Backrest Height (Corpus)

Backrest Cushion (Corpus)

Seating (optional)

Headrest

Laterals

Thigh Guides

Drive Controls

C/JSM

Alternate Controls (please specify below)

Desired Delivery Date

Hire Duration

Additional Information

*All fields are mandatory except where specified.

**Setup may vary depending on stock availability at the time of order/production.

Permobil Australia

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