## **Rental Request Form (Corpus HD)**



## Client

First Name	Surname	
Funding Body	Weight (kg)	
Therapist	Dealer	
First Name	First Name	
Surname	Surname	
Role	Company	
Phone	Phone	
Email	Email	

## Chair

Base	M300 HD		
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**

<sup>\*</sup>All fields are mandatory except where specified.

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