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YOUR NAME  
YOUR REF  
DATE REQUIRED  
DELIVER TO

YOUR TEL  
YOUR FAX  
YOUR EMAIL  
INVOICE TO

SPECIAL INSTRUCTONS

1	OCCUPANT WEIGHT	
2	SEAT WIDTH	
3	SEAT DEPTH	
4	SEAT TO GROUND	
5	FOOT REST ANGLE	
5A	LOWER LEG LENGTH	
6	FRONT CASTOR	
7	WHEELS	
7A	AXLE SETTING	
7B	AXLE TYPE	
8	BACK ANGLE	
8A	BACK TYPE	
9	BACK HEIGHT	
10	ARMREST HEIGHT	
10A	ARMPAD TYPE	

BUILDER	
DATE	

CHECKED	
SERIAL	

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