


**TILT & FOLD WHEELBASE
ASSESSMENT FORM**

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Client Name _____

Contact Name _____

Address _____

Tel No _____

Fax No _____

OVERALL DIMENSIONS

MAXIMUM USER WEIGHT 114.5 kg (18 st)

SIZE	WHEELBASE OPEN			WHEELBASE FOLDED		
	Length	Width	Height	Length	Width	Height
15"	935	630	1030	845	360	670
17"		690				

WHEELBASE

Please tick model required.

Note. The Tilt & Fold Wheelbase and Interface have been impact tested and is suitable for use as a vehicle seat.

MODEL / SIZE	Part No.
<input type="checkbox"/> Tilt & Fold Gas Strut Frame only 430x430 (17"x17")	TT7100
<input type="checkbox"/> Tilt & Fold Gas Strut Frame only 430x455 (17"x18")	TT7101
<input type="checkbox"/> Tilt & Fold Gas Strut Frame only 430x480 (17"x19")	TT7102
<input type="checkbox"/> Tilt & Fold Gas Strut Frame only 380x405 (15"x16")	TT7115
<input type="checkbox"/> Tilt & Fold Gas Strut Frame only 380x430 (15"x17")	TT7116
<input type="checkbox"/> Tilt & Fold Gas Strut Frame only 380x455 (15"x18")	TT7117

TILT & FOLD INTERFACE

Tick option required.	Part No.
<input type="checkbox"/> Adjustable Seating Interface (Standard)	TT7430
<input type="checkbox"/> Adjustable Seating Interface (Lower)	TT7440

OPTIONS

Tick option required.	Part No.
<input type="checkbox"/> Back Canvas 430 (17") (Rods included)	TT6022
<input type="checkbox"/> Back Canvas 380 (15") (Rods included)	TT6123
<input type="checkbox"/> 1/2 Height Back Canvas 380 (17") (Rods included)	TT6018
<input type="checkbox"/> 1/2 Height Back Canvas 380 (15") (Rods included)	TT6120

THE TILT & FOLD WHEELBASE COMPRISES

Tilt & Fold Wheelbase does not include: -

Seat & Back Upholstery, Headrest Cushion, Headrest Canvas, Headrest Rods, Complete Footrest, Armrests

PLEASE TICK EACH SECTION OF THE FORM INCLUDING OPTIONAL ITEMS REQUIRED
Unless stated all dimensions in mm
ARMRESTS

Tick option required. .	Part No
<input type="checkbox"/> Outrigged armrests 250 (10") high	TTF035
<input type="checkbox"/> Extended Outrigged armrests 290 (11") high	TTF036
<input type="checkbox"/> Extended Outrigged armrests 328 (13") high	TTF049
<input type="checkbox"/> Straight armrests 250 (10") high	TTF044
<input type="checkbox"/> Straight armrests 290 (11") high	TTF045
<input type="checkbox"/> Straight armrests 328 (13) high	TTF050
<input type="checkbox"/> Outrigged armrests 250 (10") high + 25 (1") wider	TTF051
<input type="checkbox"/> Extended Outrigged armrests 290 (11") high + 25 (1") wider	TTF052
<input type="checkbox"/> Extended Outrigged armrests 328 (13") high + 25 (1") wider	TTF053

BRAKES

Tick option required.	Part No.
<input type="checkbox"/> Occupant Brakes (Pair) (<i>Supplied as standard</i>)	TTF018/19
<input type="checkbox"/> Hub Brake Wheels 315 (12½") Diameter (Pair)	TTF048

REAR WHEELS

Tick option required.	Part No.
<input type="checkbox"/> 315 (12½") Diameter (Pair) (<i>Supplied as standard</i>)	TTF021
<input type="checkbox"/> 610 (24") Dia Quick Release Wheel with Solid Tyre (Pair)	TTF046
<input type="checkbox"/> Adaptation kit for 610 (24") Wheels (Pair)	TTF040

FOOTRESTS

Tick option required.	Part No.
<input type="checkbox"/> Swinging Detachable	TTF037
<input type="checkbox"/> Elevating Detachable	TTF038
<input type="checkbox"/> Special Padded Foot-Box to fit 380 (15")	TT6230
<input type="checkbox"/> Special Padded Foot-Box to fit 430 (17")	TT6232
<input type="checkbox"/> Footrest Stems + 150 (6") Longer (Pair) Chromed	TTF075

ACCESSORIES

Tick each accessory you require.	Part No.
<input type="checkbox"/> Armrest Side Infill Panels (Pair)	TT6027
<input type="checkbox"/> Armrest Side Pads 25 (1") (Pair)	TT6024
<input type="checkbox"/> Armrest Side Pads 50 (2") (Pair)	TT6025
<input type="checkbox"/> Tray For 430 (17") Seat (Straight Tray)	TTF039
<input type="checkbox"/> Tray For 380 (15") Seat (Straight Tray)	TTF200
<input type="checkbox"/> Tray For 430 (17") Seat (Contoured Tray)	TSS0512
<input type="checkbox"/> Tray For 380 (15") Seat (Contoured Tray)	TSS0510
<input type="checkbox"/> Padded Pelvic Strap	TSS0142

PATIENT MEASUREMENT RECORD

Name: _____ D.O.B: _____

Diagnosis: _____

Current Equipment: _____

Height: _____ Weight: _____ M / F

Date Measurements Taken: _____

By Whom: _____

Please state actual client measurements in mm.

1 Top of head to seat: _____

2 Top of shoulder to seat: _____

3 Under armpit to seat:
(Axilla Height) _____

4 Actual sitting depth: _____

5 Shoulder width: _____

6 Chest Width: _____
(Arm Pit to Arm Pit)

7 Hip width: _____

8 Left leg drop: _____

9 Right leg drop: _____



