**Clients Name (Last, First):_______________________________**

**Dealer:_______________________________**

**Sales Person:_______________________________**

**Date:__/__/__**

**Mobility:_______________________________**

**Therapist & Facility:_______________________________**

---

**CLIENT ACTUAL MEASUREMENTS as of __/__/__**

<table>
<thead>
<tr>
<th>Width @</th>
<th>Depth @</th>
<th>Length from</th>
<th>Range of Motion (ROM)</th>
<th>Special Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top - Head</td>
<td>Forehead</td>
<td>Seat to: (Height)</td>
<td>Rt. Lf. ROM @</td>
<td>Rt. Lf.</td>
</tr>
<tr>
<td>Neck</td>
<td>Chest</td>
<td>Top – Head</td>
<td>Hip, Flexion</td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>Waist</td>
<td>Occipital</td>
<td>Hip, External Rotation</td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td>Shoulder</td>
<td>Hip, Internal Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waist</td>
<td>Rt. Foot</td>
<td>Axila</td>
<td>Hip, Extension</td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td>Lf. Foot</td>
<td>Elbow</td>
<td>Hip, Abduction</td>
<td></td>
</tr>
</tbody>
</table>

---

**Back to: (Depth)**

**Seat Depth**

---

**INTERIM FIT □ Yes □ No**

**Seat to Back Angle: _______**

---

**Notes & Extra Accessories:**

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**BioDynamics Ltd.**

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**E-Mail: quote@BioDynamics.us**

**Fax: 516.349.9229 - 866.659.2345**

**Voice: 516.777.2222 - 866.669.2345**

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Fitting / Order Form

Clients Name (Last, First): _______________________________ Dealer: __________________ Sales Person: ____________________

Date: __/__/__ Mobility: __________________ Therapist & Facility: ____________________

Special Modifications to Page 1

Antithrust Seat Insert | BioContoured Headrest
---|---
HR | W
HF | H
RL | R-C
FL | R
C

Contoured Seat
W | WR
D | WL
H | WC
RC | WL

BioTriPad Headrest
R | HR
C | WR
L | HC
E | HL
F | WL

Accessories

Double Leg Footbox
- H
- W
- D
- WR
- DR
- HL
- WL
- DL

Laptray
- W
- D
- WT
- WC
- DRT
- DLT
- DC
- DCC
- A/A
- Arm Pad Thickness

Notes / Draft

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Special Modifications

Please **Trace and Dimension** Involved Body Sections, per ex. Head, Shoulders, Spine, Hips, Legs, Knees, Feet...to (2) reference points ie.: ➔ (top of seat cushion and Rt. side of back cushion)
Also mark areas with increase, decrease and/or special foam.

Seating angles:  
- Seat to Back: _____  
- Rt. Knee: _____  
- Lf. Knee: _____

Please attach Pictures and any other sketch that may help to describe the custom seating needed