



Quotation Form

Email: mapps@xtra.co.nz

Fax: 07 8719584

Date:

Therapist Name:

Therapist No:

Funding Agency: Enable / ACC - Claim #: _____

Client Name:

Address:

Age:

Proposed address for fabrication of equipment:

Client Measurements



Pelvis:	<i>Tilt</i>	Flexible <input type="checkbox"/>	Fixed <input type="checkbox"/>	Posterior <input type="checkbox"/>	Neutral <input type="checkbox"/>	Anterior <input type="checkbox"/>
	<i>Obliquity</i>	Flexible <input type="checkbox"/>	Fixed <input type="checkbox"/>	Down left <input type="checkbox"/>	Neutral <input type="checkbox"/>	Down right <input type="checkbox"/>
	<i>Rotation</i>	Flexible <input type="checkbox"/>	Fixed <input type="checkbox"/>	Post left <input type="checkbox"/>	Neutral <input type="checkbox"/>	Post right <input type="checkbox"/>
Spine:	<i>Scoliosis</i>	Yes / No	Flexible <input type="checkbox"/>	Fixed <input type="checkbox"/>	Concave from Left / right	Region:
	<i>Kyphosis</i>	Yes / No	Flexible <input type="checkbox"/>	Fixed <input type="checkbox"/>		
	<i>Lordosis</i>	Flexible <input type="checkbox"/>	Fixed <input type="checkbox"/>	Increased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Neutral <input type="checkbox"/>

Date:

Client:

Photos: Please provide an appropriate photo of the client to assist with quotation purposes:

(Please note MAPPS has a policy and procedure to maintain the privacy and handling of such photos.)

Any further information:

Important Notes

1. MAPPS will use as standard the following items in fabrication, if you wish to have alternatives please indicate this on this form.
 - * Lateral supports - fixed / swing away: AEL type.
 - * Headrest: Otto Bock type.
 - * Swing down pommel: Shurshape type.
 - * Covers: Base cushion: Each cushion is waterproofed and supplied with one removable washable dartex cover.
Back: Supplied with one removable cover.
 - * Hip Strap: 50mm webbing with fastex buckle.
 - * Shoulder Straps: Padded 25 or 50mm webbing with camlock attachment.

2. Please ensure that all anticipated requirements are on this form to allow accurate quoting. MAPPS understands that at the time of fabrication alternatives to the quoted requirements may be required and if this incurs a further cost a new or extra quote will be provided.