

Freedom Designs – Seating & Positioning Order Form Version 2

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Our kids are our passion.™

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 www.freedomdesigns.com

Buyer: _____
 Co./Account: _____
 Location: _____
 Contact #: _____
 P.O. #: _____
 Marked For: _____
 Fax: _____
 Email: _____

Quote Order

<p>Supine</p> <table style="width: 100%;"> <tr> <th style="width: 50%;">Left</th> <th style="width: 50%;">Right</th> </tr> <tr> <td>1 _____</td> <td>_____</td> </tr> <tr> <td>2 _____</td> <td>_____</td> </tr> <tr> <td>3 _____</td> <td>_____</td> </tr> <tr> <td>4 _____</td> <td>_____</td> </tr> <tr> <td>5 _____</td> <td>_____</td> </tr> </table>	Left	Right	1 _____	_____	2 _____	_____	3 _____	_____	4 _____	_____	5 _____	_____	<p>Sitting</p> <table style="width: 100%;"> <tr> <th style="width: 50%;">Left</th> <th style="width: 50%;">Right</th> </tr> <tr> <td>2 _____</td> <td>_____</td> </tr> <tr> <td>3 _____</td> <td>_____</td> </tr> <tr> <td>Age _____</td> <td>Weight _____</td> </tr> <tr> <td colspan="2">Head Circumference _____</td> </tr> <tr> <td colspan="2">Foot Size: L _____ x W _____</td> </tr> </table>	Left	Right	2 _____	_____	3 _____	_____	Age _____	Weight _____	Head Circumference _____		Foot Size: L _____ x W _____		<p>Supine</p>
Left	Right																									
1 _____	_____																									
2 _____	_____																									
3 _____	_____																									
4 _____	_____																									
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2 _____	_____																									
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Head Circumference _____																										
Foot Size: L _____ x W _____																										

<p>Finished Dimensions * Standard Cut is wood with foam rolled over</p> <p>A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____ I _____</p>	<table style="width: 100%;"> <tr> <td>Chair Make _____</td> <td>Chair Depth _____</td> </tr> <tr> <td>Chair Width _____</td> <td>Chair Back Height _____</td> </tr> <tr> <td>Upholstery Color _____</td> <td></td> </tr> <tr> <td>Contact _____</td> <td>Non Contact _____</td> </tr> </table> <p>Back Rail Tube Size _____ Seat Rail Tube Size _____</p>	Chair Make _____	Chair Depth _____	Chair Width _____	Chair Back Height _____	Upholstery Color _____		Contact _____	Non Contact _____
Chair Make _____	Chair Depth _____								
Chair Width _____	Chair Back Height _____								
Upholstery Color _____									
Contact _____	Non Contact _____								

<p>Solid Seat</p> <p>A _____ B _____ C _____ D _____</p> <p>Note: C dimension includes foam only</p>	<p>Seat with Notches</p> <p>A _____ B _____ C _____ D _____ E _____</p>	<p>I-Mod on Seat</p> <p>A _____ B _____ C _____ D _____ E _____ F _____</p>
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<p>Laterally Split Seat</p> <p>A _____ B _____ C _____ D _____ E _____ F _____ G _____</p>	<p>Asymmetrical - Long Left</p> <p>A _____ B _____ C _____ D _____</p>	<p>Asymmetrical - Long Right</p> <p>A _____ B _____ C _____ D _____</p>
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<p>*Seat with Wedge</p> <p>A _____ B _____ C _____ D _____</p>	<p>*Anti-Thrust Seat</p> <p>A _____ B _____ C _____ D _____ E _____</p>	<p>*Contoured Seat</p> <p>A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____ I _____ J _____ K _____ L _____ M _____</p>
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*Thickness Dimensions On Seats Include Foam Only

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Buyer: _____
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 Contact #: _____
 Monogram: _____
 Script: _____

P.O. #: _____
 Marked For: _____
 Fax: _____
 Email: _____
 Thread Color: _____
 Print: _____

<p>Std. Back</p> <p>A _____ B _____ C _____ D _____</p> <p>C & D Dimensions are for Scapular Cutouts D = Depth of Cutout</p>	<p>T-Mod Back</p> <p>A _____ B _____ C _____ D _____</p>	<p>I-Mod Back</p> <p>A _____ B _____ C _____ D _____ E _____</p>	<p>Curved Back</p> <p>A _____ B _____</p>
<p>Back with Adjustable Lumbar</p> <p>A _____ B _____ C _____</p>	<p>Biangular Back</p> <p>A _____ B _____ C _____ D _____</p>	<p>Medial Thigh Support</p> <p>A _____ B _____ C _____ D _____</p>	<p>Lateral Thigh Guides</p> <p>A _____ B _____ C _____ D _____</p>
<p>Lateral Thoracic Support</p> <p>A _____ B _____</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Thin</p> <p><input type="checkbox"/> Curved <input type="checkbox"/> Flat</p>	<p>3 Piece Headrest Pads</p> <p>A _____ B _____ C _____ D _____ E _____ F _____</p>	<p>Armrest - Thigh Support Combo</p> <p>A _____ B _____ C _____ D _____</p>	
<p>Tray / Lapboards</p> <p>A _____ B _____ C _____ D _____</p>	<p>Headrest Extension</p> <p>A _____ B _____</p>	<p>2 Pc. Single Leg Cradles 1 Pc. Double Leg Box</p> <p>W _____ H _____ D _____</p> <p><input type="checkbox"/> 2 Pc. Single <input type="checkbox"/> 1 Pc. Double</p>	
<p>Arm Trough</p> <p>A _____ B _____ C _____ D _____</p>			