



QUICKIE 2



True Fit Growth Kit Order Form

Effective: August, 2011

ORDERING INFORMATION: Phone: (02) 9678 6600 • Fax: (02) 9678 6655 • Email: orders@sunrisemedical.com.au

ACCOUNT INFORMATION

Account No:	_____	Ship To:	_____
Date:	_____	Name:	_____
P.O. #:	_____	Address:	_____
Therapist:	_____	City / State:	_____
Chair Type:	_____	Postcode:	_____
		Phone:	_____

PLEASE NOTE:

The Quickie 2 True Fit Program is available as a one-time frame size change and includes the following parts at no charge.
 (Available in the first 5 years from date of purchase for the original owner and effective with chairs manufactured after 16 November, 2009)
 Please **fill in** the existing size of the chair, the new size and the **new part numbers** required.

INCOMPLETE FORMS MAY BE REJECTED AND RETURNED

EXISTING CHAIR (SIZE)	NEW SIZE	NEW PART & NUMBER
Frame Width: _____	Frame Width: _____	_____
Sling Depth: _____	Sling Depth: _____	_____
Back Upholstery: _____	Back Upholstery: _____	_____
Colour: _____	Colour: _____	_____
Footplate Size: _____	Footplate size: _____	_____
Hangers: _____	Hangers: _____	_____
Back Tubes: _____	Back Tubes: _____	_____
Seat Cushion: _____	Seat Cushion: _____	_____
Ext-Tubes: _____	Ext-Tubes: _____	_____
Cross Brace: _____	Cross Brace: _____	_____
Front Side Frame: _____	Front Side Frame: _____	_____

NOTE:
 Please fill in the existing size and new size
 only on the parts required.