



ZIPPIE GS



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

Date:	_____	Name:	_____
P.O. #:	_____	Address:	_____
Dealer:	_____	City / State:	_____
End User:	_____	Postcode:	_____
Colour:	_____	Serial No:	_____
		Phone:	_____

PLEASE NOTE:

The Zippie GS 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: _____	Strut Tube (3): X Brace _____
Sling Depth: _____	Sling Depth: _____	Side Frame Assembly _____
Back Height: _____	Back Height: _____	Growing Seat Pan (*): _____
Hanger Angle: _____	New Angle: _____	Back Canes (*): _____
Footplate Size: _____	New Width: _____	Hanger (*): _____
Ext-Tube Length: _____	New Length: _____	Leg Strap (*): _____
		Footplate (*): _____
		Ext-Tubes (*): _____
		Growing Back Upholstery: _____

NOTE:
Many parts have built in growth.
New part provided only if current part is beyond
range of required growth.