



ZIPPIE ZONE



Growth 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 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	PRICE
Frame Width: _____	Frame Width: _____	Cross Tube Assembly: _____	_____
Sling Depth: _____	Sling Depth: _____	Back Strut Assembly: _____	_____
Back Height: _____	Back Height: _____	Back Lanyard: _____	_____
Footplate Size: _____	Footplate Size: _____	Seat Upholstery: _____	_____
Footrest Assembly Length: _____	Footrest Assembly Length: _____	Camber Tube: _____	_____
		Back Posts (*): _____	_____
		Back Upholstery (*): _____	_____
		Footplate Assembly (*): _____	_____
		Leg Strap (*): _____	_____

NOTE:
 Many parts have built in growth.
 New part may not
 be necessary for new size

TOTAL PRICE: _____

