

Assessment DRAWING SHEET

(QMF 41)

TITLE:

(Dimensions in mm, unless otherwise specified)

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Date:

Wheelchair Service:

NOTE: All items drawn must conform to relevant current Standards and meet CE marking requirements.

Drawn By:

Delivery Address:

Contact:

Client:

Wheelchair Information:

Make:

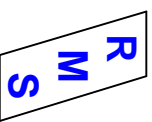
Model:

Seat Size:

Materials to be used:

Finish:

Additional Information:



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