

# Assessment DRAWING SHEET

(QMF 44a)

TITLE:

## ARMREST PAD

(Dimensions in mm, unless otherwise specified)

€

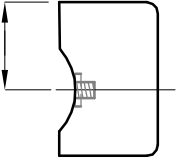
Date:

Wheelchair Service:

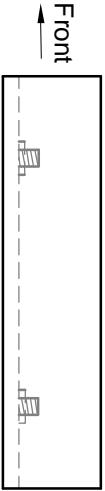
Delivery Address:

NOTE: Unless otherwise specified, all materials used in construction will be those considered most appropriate by the manufacturer.

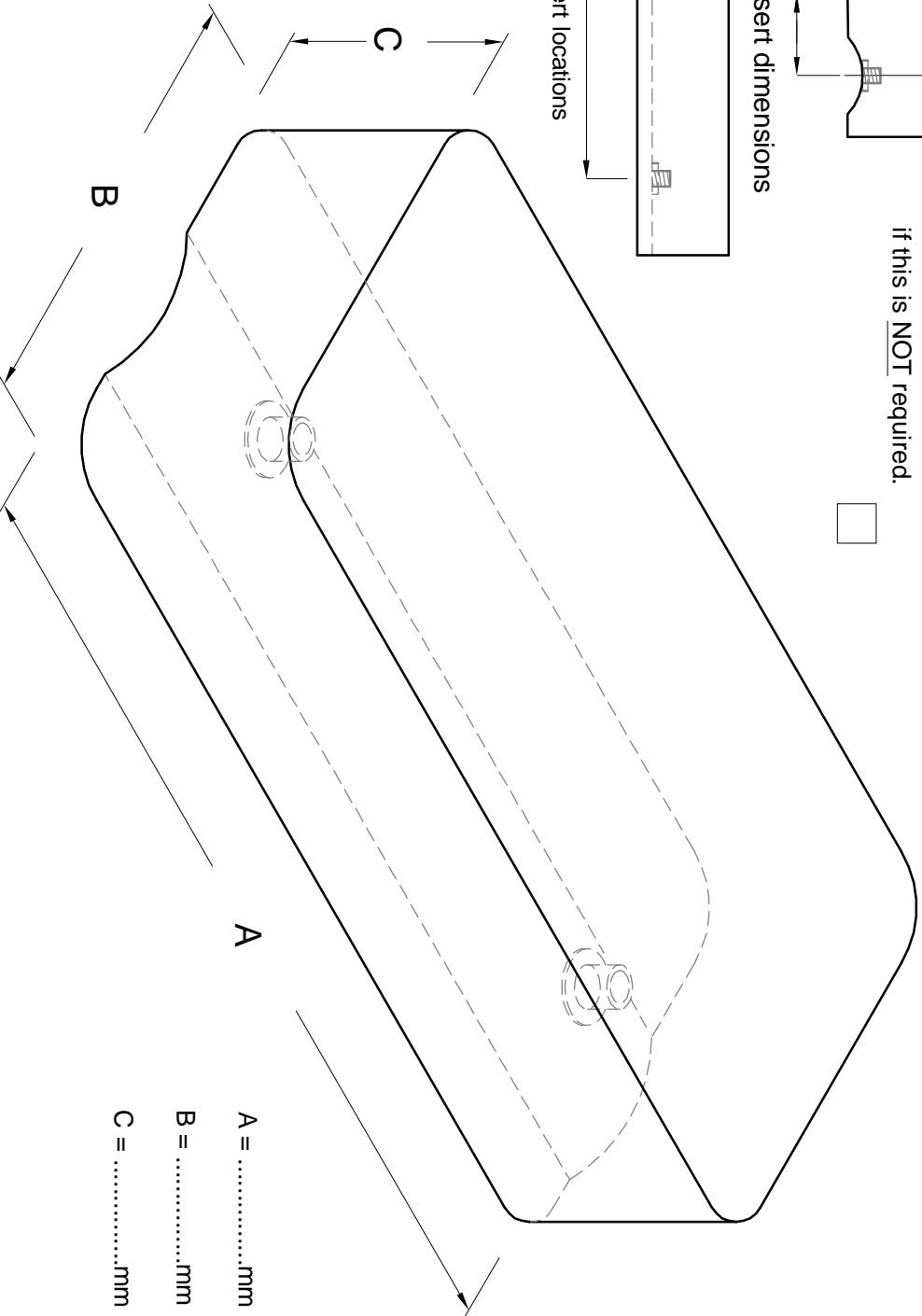
NOTE: RMS replacement Sidearm Pads are manufactured as standard, with a recessed base to suit the Sidearm Frame. Please tick box below if this is NOT required.



Please insert dimensions



Nutsert locations



A = .....mm  
B = .....mm  
C = .....mm

Assessment carried out by:

Sheet of

Contact:

Client:

Wheelchair Information:

Make:

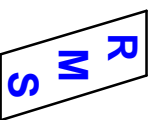
Model:

Seat Size:

Materials to be used:

Finish:

Additional Information:



**RMS Ltd**  
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Kent  
ME7 4QX

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01634-572513

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