

# Assessment DRAWING SHEET

(QMF 44b)

TITLE:

## CHANNEL ARMREST PAD

(Dimensions in mm, unless otherwise specified)

€

Date:

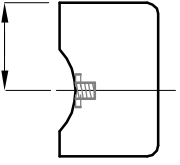
Wheelchair Service:

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.

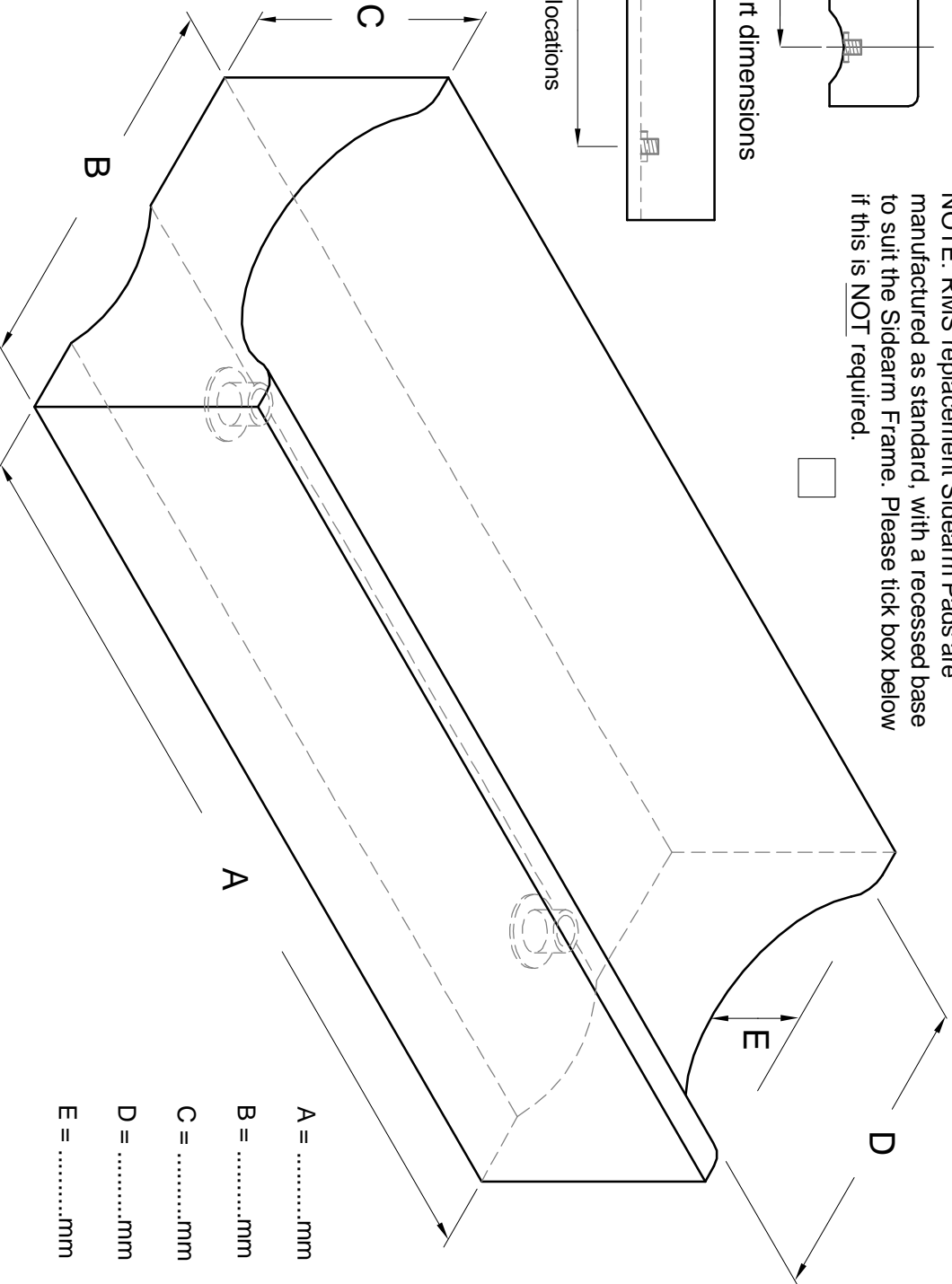
Please insert dimensions



Front



Nutsert locations



A = .....mm  
 B = .....mm  
 C = .....mm  
 D = .....mm  
 E = .....mm

Assessment carried out by:

Sheet of

Contact:

Client:

Wheelchair Information:

Make:

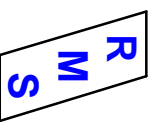
Model:

Seat Size:

Materials to be used:

Finish:

Additional Information:



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