

# Assessment DRAWING SHEET

(QMF 46)

TITLE:

## SIDEARM INFILL PADS

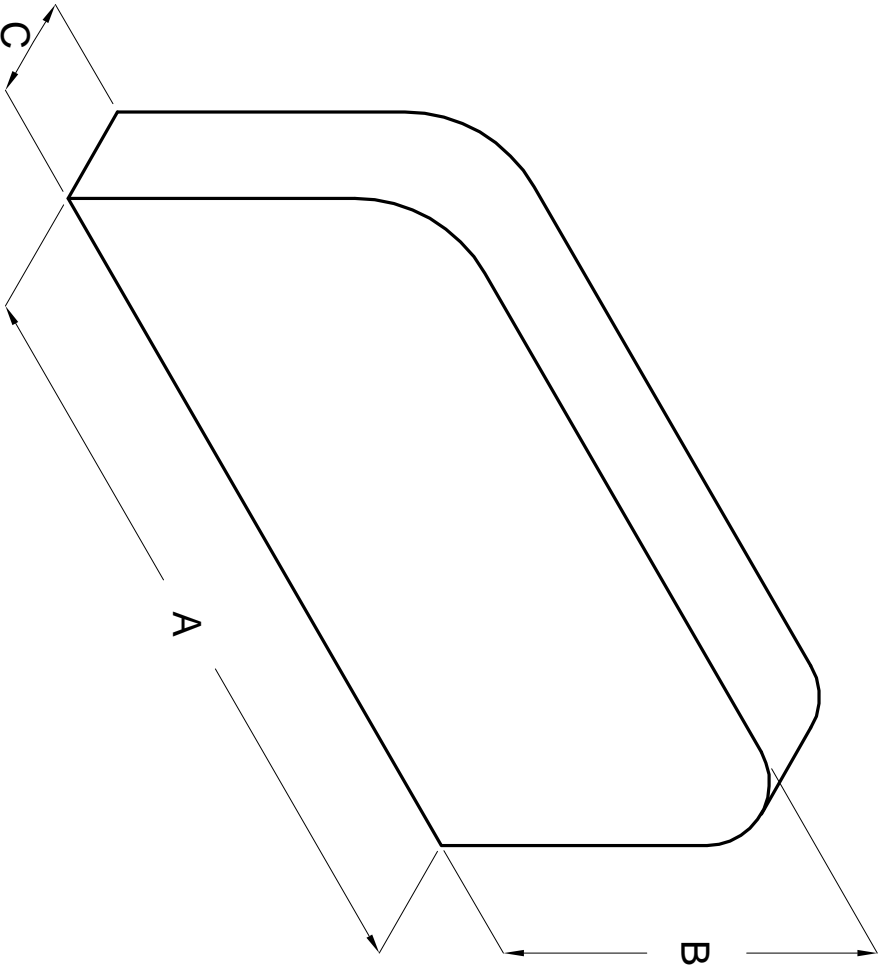
(Dimensions in mm, unless otherwise specified)

Date:

Wheelchair Service:

€

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



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

Assessment carried out by:

Sheet of

Delivery Address:

Contact:

Client:

Wheelchair Information:

Make:

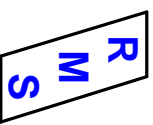
Model:

Seat Size:

Materials to be used:

Finish:

Additional Information:



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