

### REQUESTOR

Organization \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State \_\_\_\_\_  
 ZIP \_\_\_\_\_

Rehadapt reseller to handle this matter (optional):  
 \_\_\_\_\_

### CLIENT

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State \_\_\_\_\_  
 ZIP \_\_\_\_\_

### WHEELCHAIR

Manufacturer/Model:  
 \_\_\_\_\_

A lap tray gets attached to the chair sometimes (please include for the pictures)

### MOUNT

Mount side (in direction of user):  
 right  left  no preference

Handles for toolless adjustment:  
 no (with screws)  yes (with levers)

When mount is not in use:  
 Mount has to be completely detachable from the wheelchair  
 The base structure of the mount may remain on the chair

### DEVICE

Manufacturer/Model:  
 \_\_\_\_\_

Device adapter plate is existent  
 Yes  No

Do you need one?  
 Yes  No

**For iPad users:** please specify model exactly, e.g. „iPad Air 2“ or Model No „A1XXX“ (printed on device back).

Should the iPad be mounted within an Otterbox Defender Case (other models not supported due to vast diversity)?

Please include an Otterbox Defender case for my iPad in the offer

### Additional mounting required (eg. 2nd wheelchair, Floorstand, Table stand)?

\_\_\_\_\_

### Client characteristics (gross motor movement, selection method, other specifics):

\_\_\_\_\_

### Notes (anything else we should know about the client, the wheelchair, the funding etc.):

\_\_\_\_\_

### PICTURES

**Very Important** - Shoot from a low position (level of wheelchair seat), matching all the listed angles. Make sure to include the device or facsimile in the desired position (you may use a sheet of paper as dummy). Make sure the wheelchair is clearly visible, with correct focus and light. Do not embed the pictures in a Word document, send as JPEG or in a zip file. Please send this information to: [vmsteam@rehadapt.com](mailto:vmsteam@rehadapt.com)

