

Independent Care Products, Inc. / PO Box 6258 / Abilene, TX 79608

phone: 800.695.8151 | fax: 325.695.9561 | www.indecare.com | ind-care@swbell.net

RS34

1	Information requested is required & should be provided:		
2	<i>All measurements need to be exact to process your order.</i>		
3	<i>Thank You! ...</i>		
4	Name:	Phone:	Product Code:
5	Address:		SSN:
6	City	State: Zip:	Insurance:
7	Date of Birth: MO__ Day__ Year__		Order #:
8	All information listed below will be for the person using the Radial Swing Arm Shower Chair:		
9	Wheel chair height:	Floor to seat:	
10	Weight of person:		
11	Height of person:		
12	Please explain how the Radial Swing Arm Shower Chair will be used:		
13	<i>(cont.)</i>		
14	All dimensions are given from floor up		
15	Foor to ceiling:		
16	Floor to top of tub:		
17	Length of tub:		
18	Width of tub:		
19	Type of floor:	<input type="checkbox"/> Wood	<input type="checkbox"/> Cement
20	Type of ceiling:		
21	Type of rafters:		
22	From tub to opposite wall:		
23	Foor to top shower ledge:		
24	Length & width of shower		
25	Size of bathroom:		
26	On separate sheet of paper, show lay-out of bathroom with dimensions.		

Date: _____ **Signature:** _____



Please complete and mail to:
Independent Care Products, Inc.
PO Box 6258
Abilene, TX 79608

Or, fax to us at: **1-325.695.9561**
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