

Client Measurement Form

Patient Information

Patient Name*

Patient Weight* (pounds)

**Our internal data management system is HIPAA compliant. For patient safety and protection, please do not provide us with full names.*

Dealer Information

Name of Dealer, Branch, or Location*

ATP Name*

Tech Name

ATP E-Mail Address*

Tech E-Mail Address

Instructions

This is a supplemental form, intended to be submitted with an order form. If you are only ordering a backrest or cushion, you only need to complete the backrest or cushion specific measurements. For full systems, please complete the entire form. Once completed, please email to orders@a3dcs.com.

While we always recommend completing the anatomical measurements, they are not required. Please ensure all finished backrest or cushion measurements are complete. Incomplete forms may result in delays.

Important: Patients with significant asymmetries or who need significant support to maintain posture should use a fully-custom backrest and cushion.

Measurements will include:

Backrest Cushion

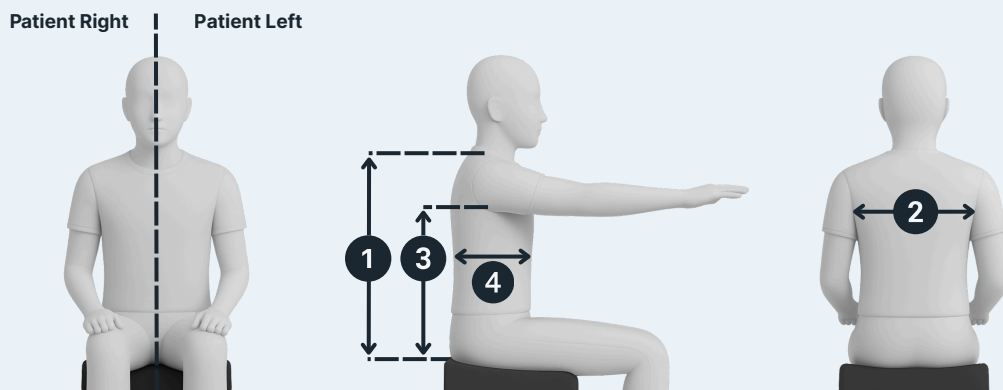
All measurements will be in:

Inches Centimeters Millimeters

For client measurements we recommend using centimeters or millimeters for higher-level precision.

Custom by Measurement Backrest

Anatomical Measurements *(optional)*



1 Bottom of Buttocks to Top of Shoulders

Will correspond with the back height measurement.

2 Armpit to Armpit

Will correspond with the internal width measurement.

3 Bottom of Buttocks to Armpit

Will equal the sum of the lateral height and the lateral clearance from bottom of the backrest.

Patient Right

Patient Left

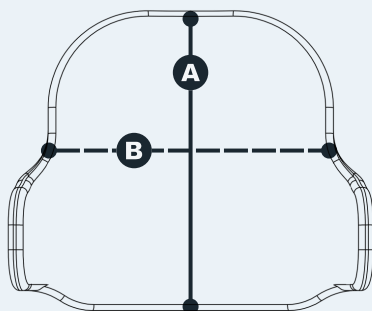
4 Trunk Depth

Will correspond to the lateral depth measurement.

Patient Right

Patient Left

Backrest Height and Width Measurements *(required)*



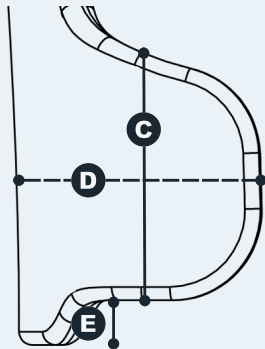
A Back Height

Typically from bottom of buttocks to top of shoulders.

B Internal Width

Typically from armpit to armpit.

Backrest Lateral Measurements (required)



C Lateral Height

Typically from bottom of buttocks to armpit. Recommended 1" between armpit and top of lateral.

Patient Right Patient Left

D Lateral Depth

From the back of the backrest to the forward-most edge of the lateral. Recommended match trunk depth.

Patient Right Patient Left

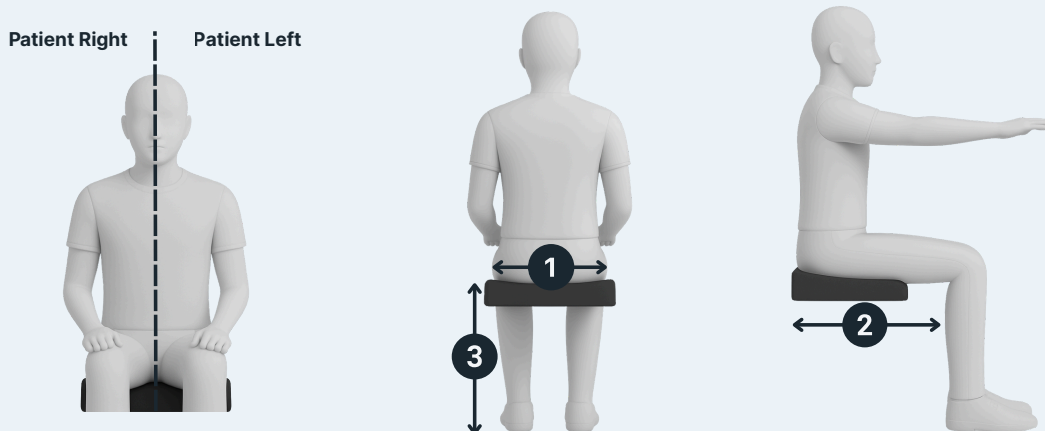
E Lateral Clearance from Bottom of the Backrest

Standard is 2 inches from the bottom of the backrest.

Patient Right Patient Left

Custom by Measurement Cushion

Anatomical Measurements (optional)



1 Hip Width

Will correspond with cushion width.

2 Back of Buttocks to Back of Knee

It is recommended to subtract 1" from this measurement to calculate cushion depth.

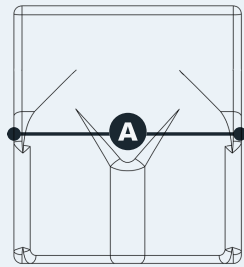
Patient Right Patient Left

3 Distance to Bottom of Leg

Use these measurements to calculate the target height of the cushion, accounting for foot rests, self propulsion, frame height, etc.

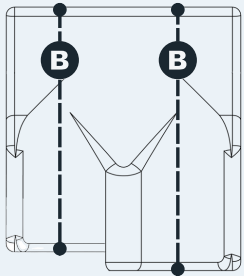
Patient Right Patient Left

Cushion Base Measurements (required)



A Cushion Width

Approximately the hip width measurement, and similar to frame width.



B Cushion Depth

Recommended 1" short of the back of buttocks to back of knee measurement.

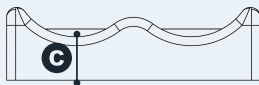
Choose from:

Symmetrical depth cushion (both leg lengths match)

Asymmetrical depth cushion (one leg is longer)

Patient Right

Patient Left



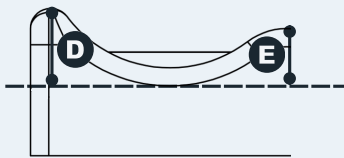
C Cushion Height

Please list a target height. Note: we cannot guarantee target height. Height is dependent on the requested cushion size, and patient weight. Height does not include cover thickness.

Patient Right

Patient Left

Cushion Lateral Measurements (required)



D Lateral Height

Measured from the bottom of the leg well (dotted line) to the top of the lateral.

Patient Right

Patient Left

E Pommel Height

Measured from the bottom of the leg well (dotted line) to the top of the pommel.