



Customized Production Request Form February 2018

Mark For:

Submitting for:

Quote Order

Date: Dealer Acct #: Dealer: Dealer Contact: Dealer Address: Dealer City: ST: ZIP: Dealer Phone: Fax: Confirmation Email: Confirm Via: Fax Email

PO#: ADDITIONAL SHIPPING INFORMATION Ship To: Attention: Address: Address: Ship To City: ST: ZIP: Ship To Phone: Fax:

CHAIR INFORMATION

USER INFORMATION

Wheelchair Model: Custom Option #: New Chair or Existing Chair: If Existing, Provide Serial #: Quote #: Modification Completed on Order# or sn# previously:

Height & Weight are Required for some modifications Weight: Height: Disability:

Customer Service: 800-333-4000 Email: Built4Me@sunmed.com Fax: 800-333-9011 Please visit www.sunrisemedical.com for more details

Details of Desired Modification:

Please include any pictures or sketches if available when submitting your requests (if applicable)



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