

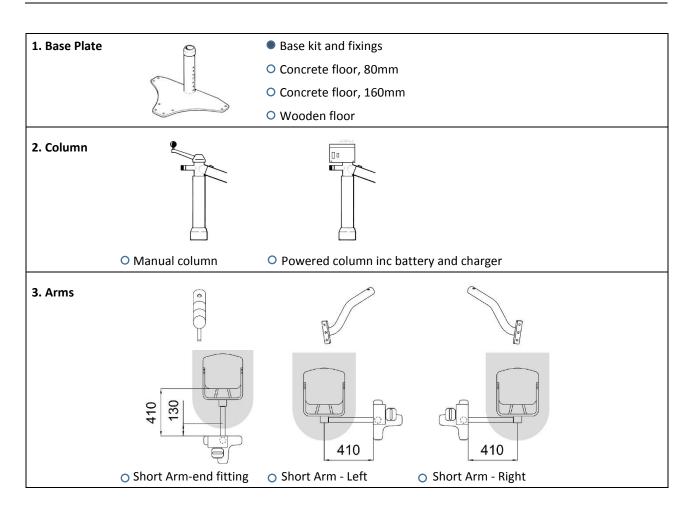
AUTOLIFT Column Bath Hoist

Assessment and Specification Tool

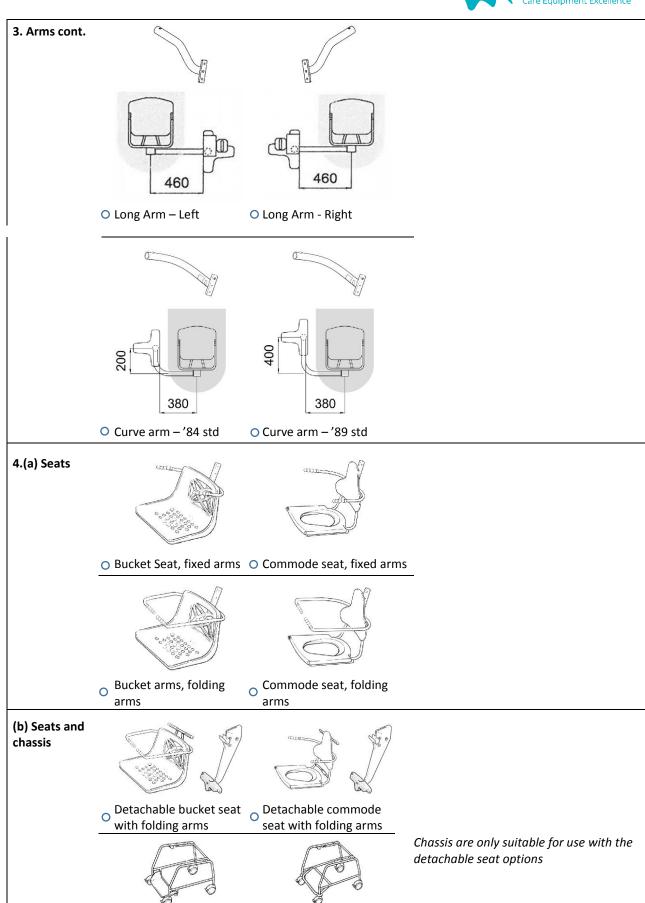
Assessment Date:	
Customer Reference:	
Site Address:	
Site Notes:	
Specifier Name:	
Email Address:	
Contact Number:	



** Tick the boxes as required, and send all pages to the sales office for a pre-survey price proposal **







O Chassis with footbar

O Chassis with footrest



6. Options		
	O Extended legrest, O Headrest, O Bedpan and holder, only with mobile chassis only with bucket seat only with commode seat	
	O Spare battery O Battery charger	
Please sketch	the bathroom layout below and provide as many room dimensions as possible:	

For further information and assistance, please contact the Sales office on T: 01634 813388

E: hello@wealdenrehab.com

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