

PER4MAX SKYE

Name: _____
 Address: _____
 City: _____
 State: _____ Zip _____
 Email: _____

Date: _____ SSN# : _____ - _____ - _____
 Age: _____ Weight (lbs.): _____ Height: _____' _____"
 Disability: _____
 Tel #: () _____ - _____ (Home or Work)
 Other Info: _____

FRAME SPECIFICATION

Model

SKYE Retail: \$2295

1) Seat Width

14" 15" 16" 17" 18"

2) Seat Depth

14" 15" 16" 17" 18"

3) Front Style

"Y" Style
 "V" Style(requires a rotating footrest option) \$250

4) Rear Seat Height

15" 16" 17" 18" 19" 20"

5) Front Seat Height

15" 16" 17" 18" 19" 20"

6) Backrest Height

10" 12" 14" 16" Other: _____"
 Back Height Adj.: From _____" to _____" \$ 80

7) Back Angle

0° 3° 5° Other: _____°

8) Foot Width

The approximate allowable feet clearance is calculated by subtracting (2" or 4" or 6") from Seat width (choose one):

Seat Width - 2" _____" (example: 15" - 2" = 13" foot width)

Seat Width - 4" _____" (example: 15" - 4" = 11" foot width)

Seat Width - 6" _____" (example: 15" - 6" = 9" foot width)

Special Size _____"

9) Lower Leg Length _____" (16", 17", etc.)

10) Backrest To Center Axle (C.G)

0" 1" 2" 3" Other: _____"

11) Center Axle to Caster Housing

14" 15" 16" 17" Other: _____"

12) Side Wheel Clearance

1" 1 1/2" 2"

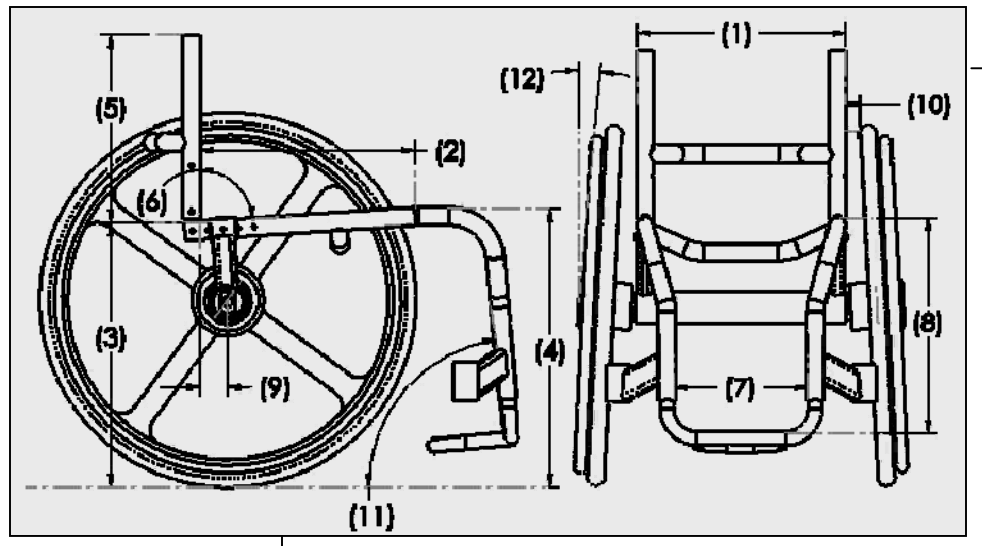
13) Front End Angle Relative to Floor

85° 75°

14) Camber Angle

0° 3°

Notes:



*Effective: January 2007 Rev C.

Pricing and specifications are subject to change without notice

Customer Services: Telephone: 972-641-6773 Facsimile: 972-623-0585	PER4MAX MEDICAL www.per4max.com Page 1 of 2	612 N. Great Southwest Pkwy Arlington, TX 76011
--	---	--

