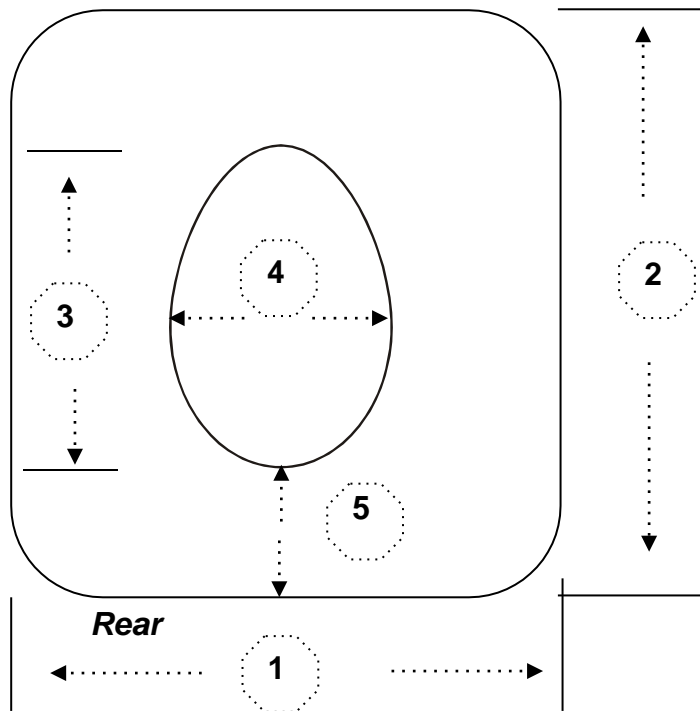




Closed Front Hand Made Shower Commode Seat

CLIENT NAME: _____

Front



DIMENSIONS*		
1	Width	
2	Depth	
3	Hole Length	
4	Hole Width	
5	Hole Location	

*Measurements have been taken from:
Seat board – underside
Foam – top side

SPINAL INJURIES UNIT
Ph: 3176 2215
Fax: 3176 5061

OUTPATIENT DEPARTMENT
Ph: 3176 2641
Fax: 3176 5644

Postal and Location
Princess Alexandra Hospital
Ipswich Rd
Woolloongabba QLD 4102
AUSTRALIA

TRANSITIONAL REHABILITATION PROGRAM
Ph: 3406 2322
Fax: 3406 2399

Email
trp@health.qld.gov.au

Postal
PO Box 6053
Buranda, QLD, 4102

Location
3rd Floor, Buranda Village
Cnr Cornwall St & Ipswich Rd
Buranda, QLD, 4102
AUSTRALIA

SPINAL OUTREACH TEAM
Ph: 3406 2300
Freecall 1800 624 832
(for regional clients)
Fax : 3406 2399

Email
spot@health.qld.gov.au

Postal
PO Box 6053
Buranda, Q, 4102

Location
3rd Floor, Buranda Village
Cnr Cornwall St & Ipswich Rd
Buranda, QLD, 4102
AUSTRALIA

ADDITIONAL PRESCRIPTION INFORMATION

Seat cover
(e.g. two way stretch, four way stretch, dartex, vinyl)

Padding type / description
(e.g. custom thickness, extra padding around aperture rim)

Shower commode frame details
(for new seats being fitted to existing frames: specify make, model and dimensions of frame, folding vs non-folding)

Seat to be fitted by _____ Supplier _____ Client

Additional requirements
(e.g. new plastic runners, additional pins for sub frame, frame modifications)

Last Reviewed March 2021
Review Due December 2023

