Queensland
Spinal
Cord
Injuries
Service

SPINAL INJURIES UNIT

# **Fact Sheet**

### **Rear Opening**

Hand Made Shower Commode Seat



#### OUTPATIENT DEPARTMENT

Ph: 3176 2215 Fax: 3176 5061

Ph: 3176 2641 Fax: 3176 5644

#### **Postal and Location**

Princess Alexandra Hospital Ipswich Rd Woolloongabba QLD 4102 AUSTRALIA

## TRANSITIONAL REHABILITATION PROGRAM

Ph: 3176 9508 Fax: 3176 9514

#### **Email**

trp@health.qld.gov.au

#### **Postal**

PO Box 6053 Buranda, QLD, 4102

#### Location

3<sup>rd</sup> Floor, Buranda Village Cnr Cornwall St & Ipswich Rd Buranda, QLD, 4102 AUSTRALIA

## SPINAL OUTREACH TEAM

Ph: 3176 9507 Freecall 1800 624 832 (for regional clients) Fax: 3176 9514

#### Email

spot@health.qld.gov.au

#### **Postal**

PO Box 6053 Buranda, Q, 4102

#### Location

3<sup>rd</sup> Floor, Buranda Village Cnr Cornwall St & Ipswich Rd Buranda, QLD, 4102 AUSTRALIA

| 3 4 2 2 A A A A A A A A A A A A A A A A A | Front      |   |
|---|------------|---|
| 1   | 3 4 3 Rear | 2 |

**CLIENT NAME:** 

| DIM | DIMENSIONS*   |  |  |
|-----|---------------|--|--|
| 1   | Width         |  |  |
| 2   | Depth         |  |  |
| 3   | Hole Length   |  |  |
| 4   | Hole Width    |  |  |
| 5   | Hole Location |  |  |
| 6   | Rear          |  |  |
|     | Opening       |  |  |

\*Measurements have been taken from: Seat board – underside

Foam - top side

| 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 December 2020 Review Due December 2022

