



# MASS 23 Bathboard Specification

This form is used to provide specifications to Medical Aids Subsidy Scheme (MASS) for nonstandard bathboards, and should be attached to the MASS 20 Daily Living Aids and Mobility Equipment Application form

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## Applicant's Details

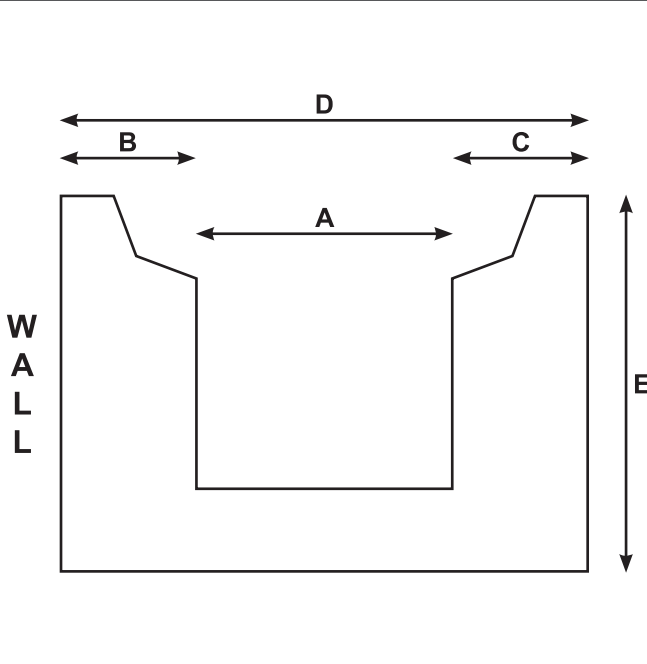
Family name:

Given name/s:

Date of birth:

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## Bathboard Requirements accurate measurements are essential to ensure the correct item is supplied



- 1 Measurement A - inner width of bath  
 mm
- 2 Measurement B - width of lip at wall edge  
 mm
- 3 Measurement C - width of outer lip  
 mm
- 4 Measurement D - total width from wall to outside bath edge  
 mm
- 5 Measurement E - height of bath (floor to top - for extended bathboards)  
 mm
- 6 Shower screen present?  Yes  
 If yes, measure C and D from inside edge of screen and provide measurement  
 mm
- 7 Raise required?  Yes  
 If yes, provide measurement  
 mm

### 8 Style (if applicable)

- Extended  
 Padded  
 Backrest

### 9 When sitting on bathboard facing taps, what side is the wall is on?

- Left  
 Right

### 10 Provide details of any other significant details/features?

### 11 Manufacturer/Supplier name (used in trial)

Attach a comprehensive quote matching the details in this form

## Prescriber Details (prescriber details are required for return correspondence and queries)

### 12 Title

### 13 Family name

### 14 Given name/s

### 16 Signature

### 17 Date

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DO NOT WRITE IN THIS BINDING MARGIN

