CUSTOM MADE
SHOWER COMMODE SEATS

aspire

CLIENT

Name: _____

Phone: _____

Address: _____

Date: _____

Email: _____

Fax: _____

THERAPIST

Name: _____

Phone: _____

Email: _____

Fax: _____

AIDACARE REPRESENTATIVE

Name: _____

Email: _____

Please complete all relevant details below in **1** to **8** and send completed script form to **customfurniture@aidacare.com.au**

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1 Please choose one:

☐ Order - Please Provide Order Number: _____   **or**   ☐ Quote Request

2 Which brand of shower commode will the seat be attached to? (Required for attachment type):

_____

3 Choose your Fabric

☐ PU Coated 4 way Stretch Fabric (Standard seat thickness 70mm with 30mm memory foam top layer)

☐ Medical Grade White Vinyl (Standard seat thickness 50mm)

4 Choose your Seat Configuration (MUST CHOOSE ONE)

☐ Open Front

☐ Closed Front

☐ Open Right

☐ Open Left

5 Optional Seat Configuration (CHOOSE ONE, BOTH OR NONE)

☐ Right Bite
(Not with Open Right)

☐ Left Bite
(Not with Open Left)

6 Specify Relevant Seat Dimensions (Use the Key in **7**)

	MEASURE	DIMENSIONS (MM)			MEASURE	DIMENSIONS (MM)
1	Seat Width			8	Left Bite Depth (from side)	
2	Seat Depth			9	Left Bite Opening	
3	Hole Length			10	Right Bite from Rear	
4	Hole Width			11	Right Bite Depth (from side)	
5	Hole From Rear			12	Right Bite Opening	
6	Hole Opening			13	Seat Thickness (Std for PU is 70mm / Vinyl is 50mm)	
7	Left Bite from Rear					

7 Seat Dimensions Key

Front of Commode Seat
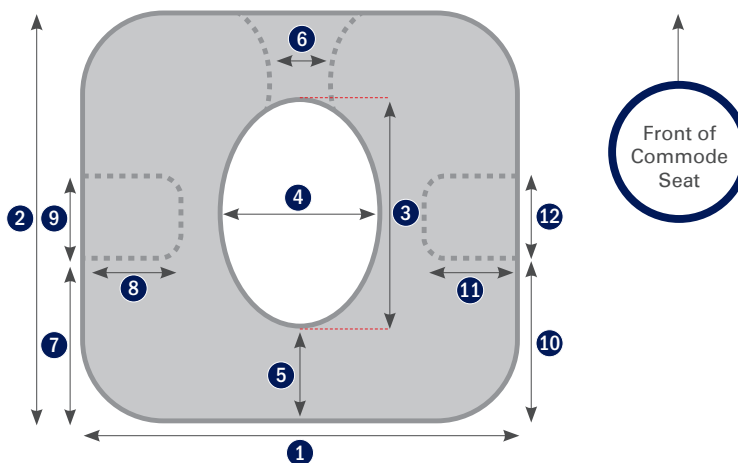
8 Additional Information

Notes: _____

_____

_____

_____

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