

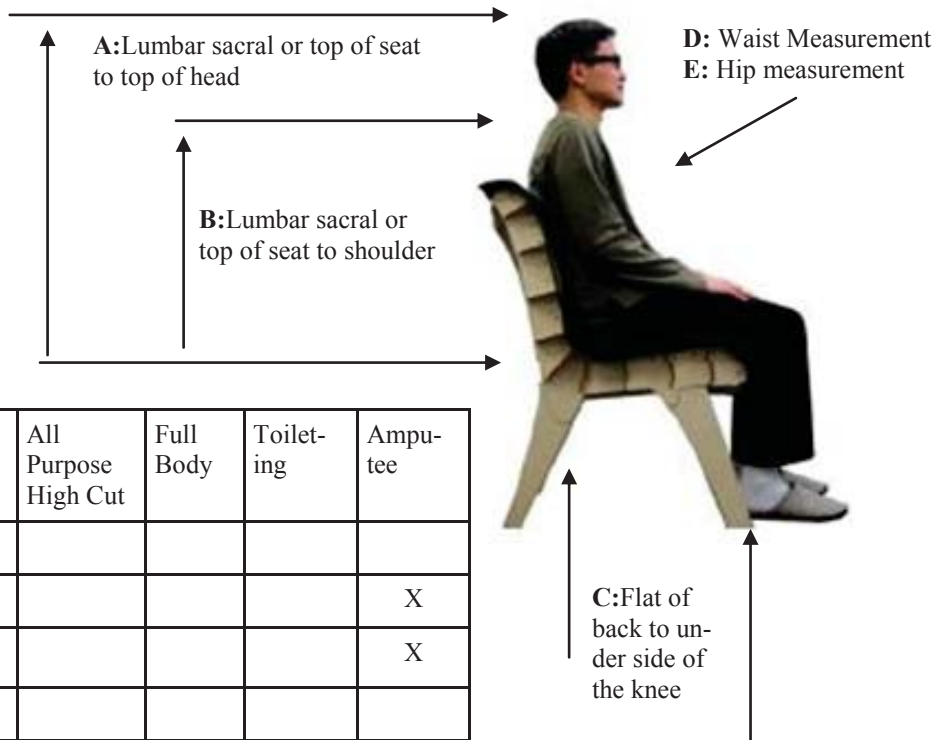
# CUSTOM SLING SIZE MEASUREMENT

Please fill in measurements requested below with an overview of client size with any distinguishing features that may help with sling sizing or style choice.

NAME:..... BUSINESS:.....

ADDRESS:.....

PHONE NUMBER..... FAX NUMBER..... EMAIL.....



Type of sling required  
Please tick box required  
X marks size unavailable

Size	General Purpose	General Purpose High Cut	All Purpose	All Purpose High Cut	Full Body	Toiletting	Amputee
???							
XXS							X
XS							X
S							
M							
L							
XL							

Measurement	Size in Centimetres	Comments
A: Lumbar sacral or top of seat to top of head		
B: Lumbar sacral or top of seat to shoulder		
C: Flat of back to under side of the knee		
D: Waist Measurement		
E: Hip Measurement		
F: Across Shoulders		
G: Overall Height		
H: Weight		
Any distinguishing features that may assist in sling choice or size variation (ie Amputee, Scoliosis, general overview of size etc)		

Please Return Form to: **TECH-ASSIST PRODUCTS**

Phone 08 8235 2200 Fax 08 8353 3200 email [sales@tech-assist.com.au](mailto:sales@tech-assist.com.au)  
Post: 2/5 Keele Place KIDMAN PARK, SA, 5025