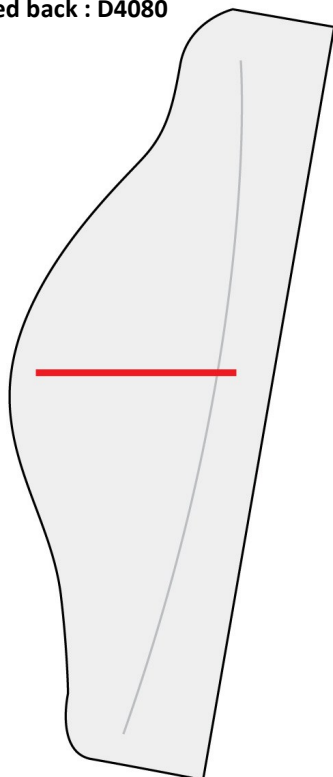


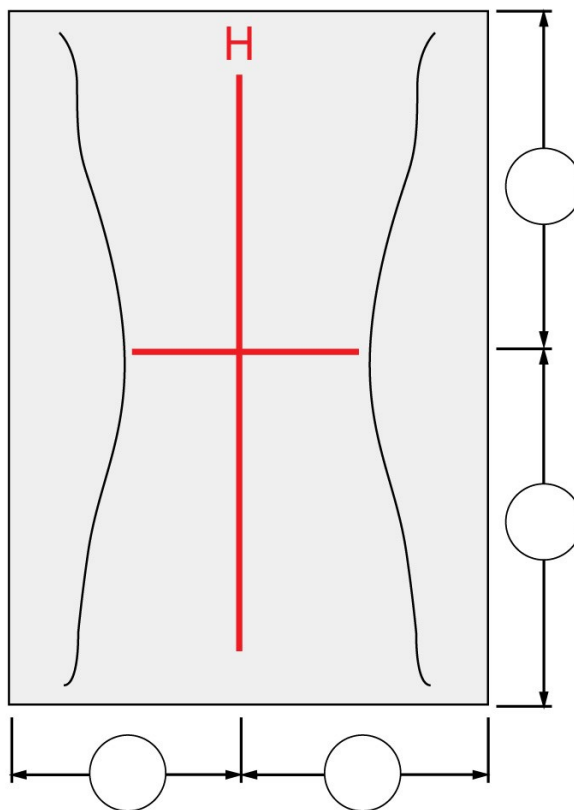
| | |
|------------------------------|-------------|
| Date : | P.O.#: |
| Made for (client) Last name: | First name: |
| Ordered by : | |
| Establishment : | |
| Address : | |
| Phone : | Fax : |

| | | |
|----------------------------------|------------------------------|-----------------------------|
| CONFIRM ORDER BY E-MAIL | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SUBSCRIBE TO PHYSIPRO NEWSLETTER | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| YOUR EMAIL ADDRESS | | |

Molded back : D4080

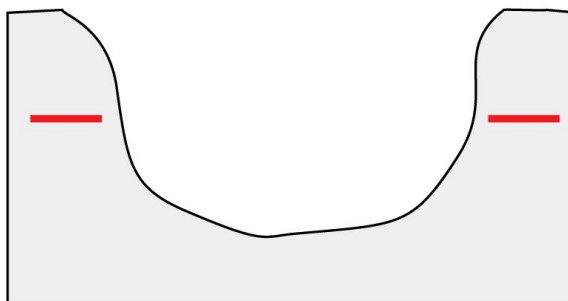
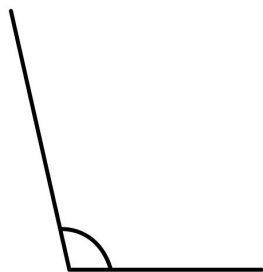


Sagittal (side)



Front

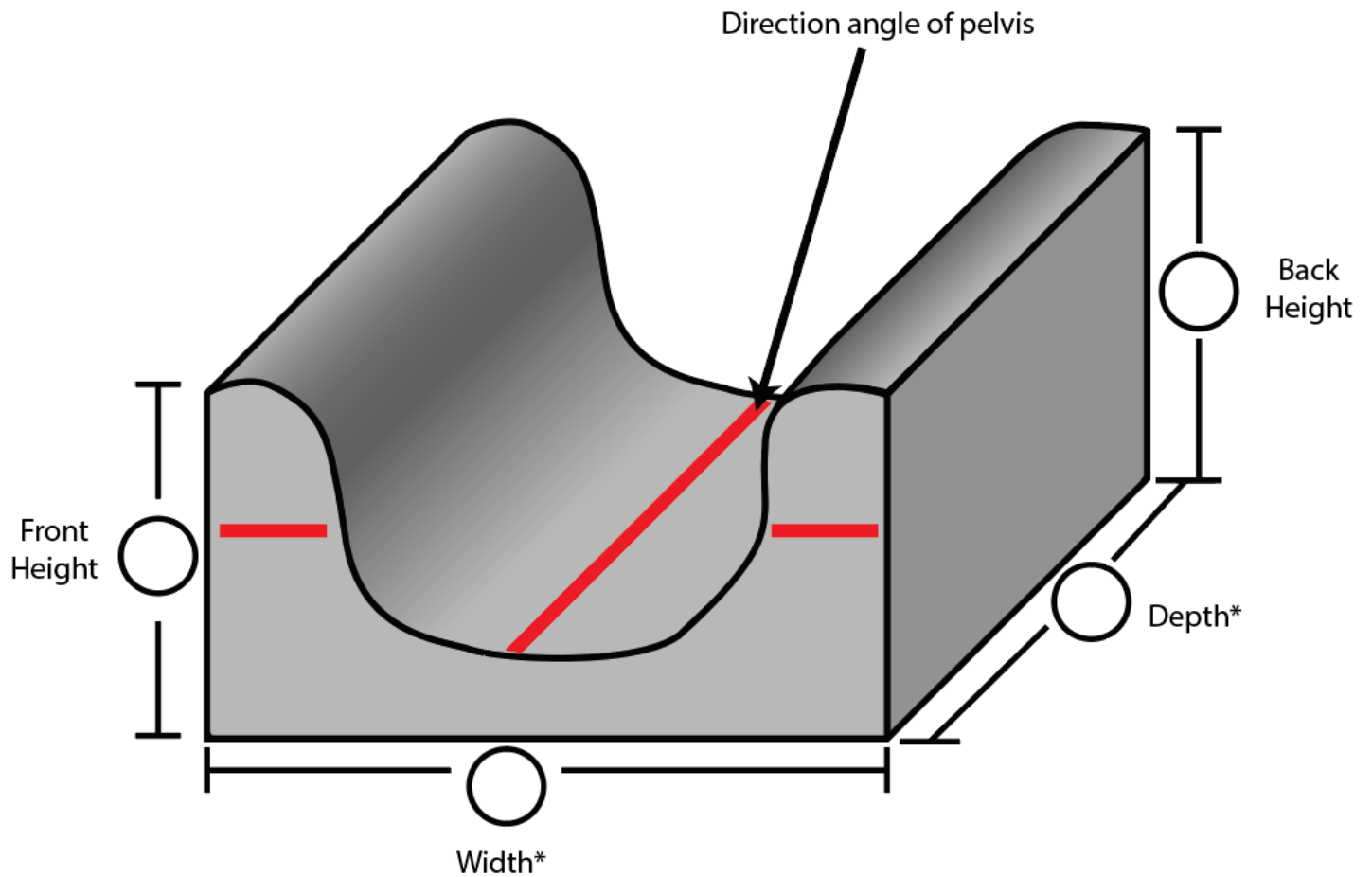
Desired angle back/seat



Transversal (above view)

Notes:

Molded seat : S2550



*Outer measures

Notes:
