

Spica order form

Please fill in, save and email to info@chunc.co.uk

Patient details

Date of order:	
Patient Name:	Patient Height:
Patient DOB:	Patient Weight:

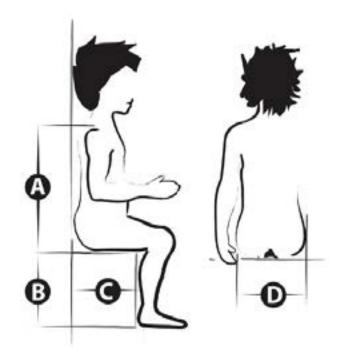
Surgery

Date of surgery:

Surgery type: (Please provide details below)

Chair sizing (See sizing guide)

Size	Please tick
Extra Small	_
Small	_
Medium	_
Large	



	Sizing	Guide
	cm	(inches)
X-S	MALL	
Α	36-44	(14.1-17.3)
В	21-43	(8.2-16.9)
C	20-30	(7.9-11.9)
D	15-26	(5.9-10.2)
SM	ALL	
Α	42-52	(16.5-20.4)
В	21-43	(8.2-16.9)
C	25-35	(9.8-13.8)
D	20-31	(7.9-12)
ME	DIUM	
A	48-60	(18.8-23.6)
В	21-43	(8.2-16.9)
C	30-40	(11.8-15.8)
D	25-36	(9.8-14)
LA	RGE	
Α	54-66	(21.2-26)
В	21-48	(8.2-18.8)
C	35-45	(13.8-17.8)
D	30-41	(11.8-16)

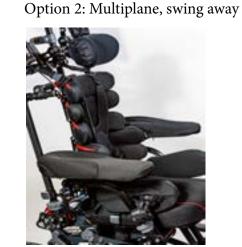
Delivery and set up

Estimated date for chair delivery:
Estimated date for set up:
Venue for set up: (If home please supply address and telephone no.)
Telephone:

Set up options

Select Chair model:	Please tick ONE option only
Hip	
Spine	

Option 1: Standard fixed arms



Net 1	R
Mr.	
1	PAR P

a) Arm supports(Please select ONE option only)

Chair set up options	Specification	Please tick
A was supplied with	Option 1: Standard fixed arms OR	
Arm support	Option 2: Multiplane, swing away	

Option 1: Independent leg support



b) Leg assembly

(Please select ONE option only)



 Chair set up options
 Specification
 Please tick

 Leg assembly
 Option 1: Independent leg support OR Option 2: Foot box
 □

Activity Tray



Pommel



c)	Everyd	lay f	funct	ion
	(Both option	ons are	e availak	ole)

Chair set up options	Specification	Please tick
Europedan finantian	Activity Tray	
Everyday function	Pommel	

Spica chair loan duration

Expected duration of loar	n:		
Predicted return date (sul	oject to change):		
Collection			
Parent/Guardian contact	namo		
Telephone:	name.		
Please complete venue a	ddress for collection	•	
rease complete venue a	adiess for concetion	•	
Special Requests	5		
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