



Invacare **UNIQUE**  
Order Forms



Simply follow the easy step by step process to order your **Invacare UNIQUE**:

## 1. Submit a request

This can be submitted on your Prescription Form with adaptations noted in the **Invacare UNIQUE** section, or if necessary, the Request for Quotation form for your type of wheelchair within this document.

This can be either emailed to [specialsuk@invacare.com](mailto:specialsuk@invacare.com), or, faxed to **01656 776220**.

Please remember to include;

- Sketches with dimensions
- Your contact number and/or email address
- For a modification to an existing chair, please provide the serial number of the chair
- Any additional information could help us to process your request more quickly

## 2. Repeat process

If you have ordered the special modification before, please include the previous quotation number and state the quotation details along with the price. This will allow you to bypass the quotation phase and speed up your ordering process.

## 3. Feasibility study

Once the request is understood it will undergo a risk assessment. If it passes, a price and lead time will be issued. The more complex the request, the longer the lead time\* and the more in depth the risk assessment must be.

## 4. Processing the order

Once the quote has been signed, faxed back or emailed and an order raised, the **UNIQUE** modification will be manufactured and shipped within the stated lead time quoted.

**Remember – the more information that can be supplied with your initial request, the better. In some instances this could save time and money with simple alternatives.**

*\*Delivery time frames outlined in quotes are valid for a period of 90 days.  
Delivery times on repeated specials may also vary due to workload.*

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## Provider's information

Company

Customer Account Number

Address

Phone

Email

Date

Model

Wheelchair usage:

Mainly indoor

Mainly outdoor

Both indoor and outdoor

Self Propelling

Attendant

Secured in car

Used as a seat in Transport

## Required chair dimensions

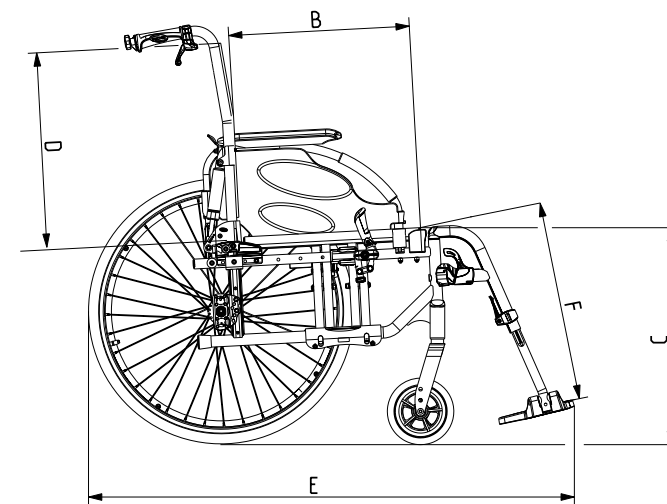
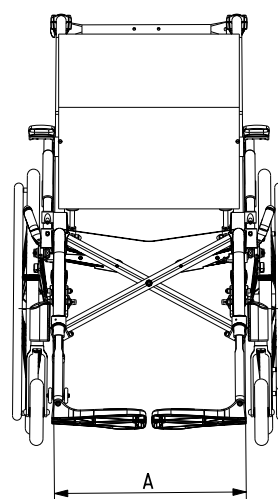
Position	Description	Dimension	Unit (please state)
A	Seat width		mm / inches
B	Seat depth		mm / inches
C	Seat to floor height		mm / inches
D	Backrest height		mm / inches
E	Overall length		mm / inches
F	Knee to Heal length		mm / inches

## Client's information

Name / Reference

Age

Disability

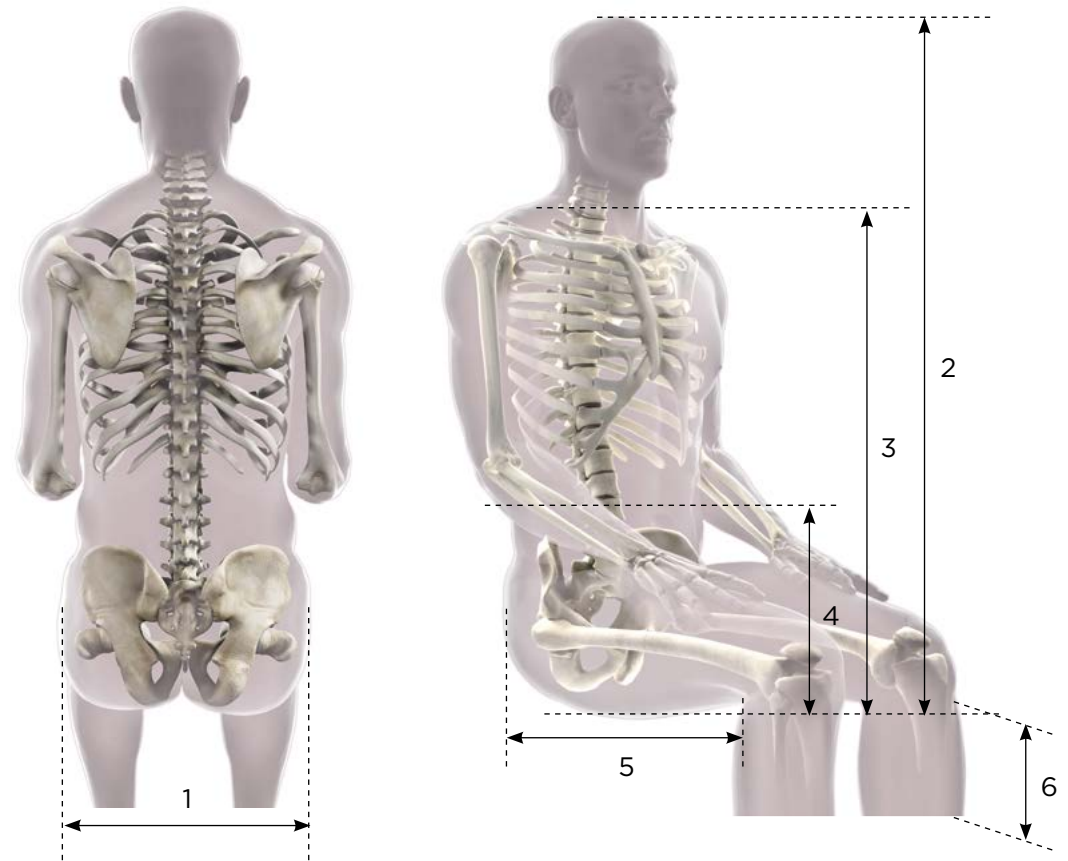


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## Client's data

	Description	Dimension	Unit
	Height		mm / inches
	Weight		kg / stone
	Waist		mm / inches
	Thigh		mm / inches
	Lower leg circumference		mm / inches
	Leg support angle		deg.
1	Hip width		mm / inches
2	Seat to top of head		mm / inches
3	Seat to shoulder		mm / inches
4	Seat to elbow		mm / inches
5	Knee to back		mm / inches
6	Knee to heel		mm / inches



Images / Sketches

Annotations to support images/sketches

Additional Information

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## Provider's information

Company

Customer Account Number

Address

Phone

Email

Date

Model

Wheelchair usage:

Mainly indoor

Mainly outdoor

Both indoor and outdoor

## Required chair dimensions

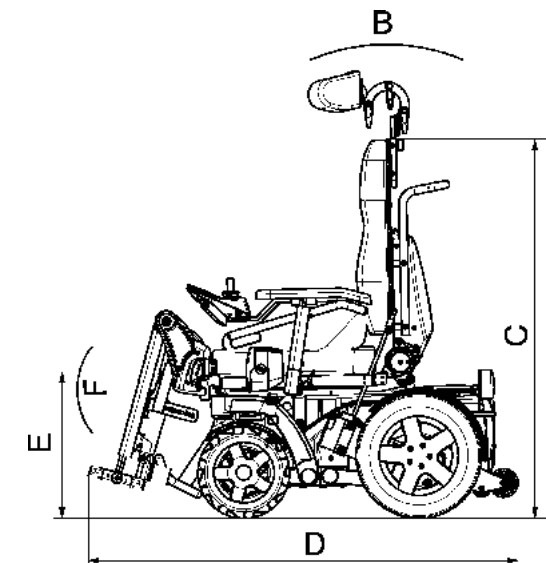
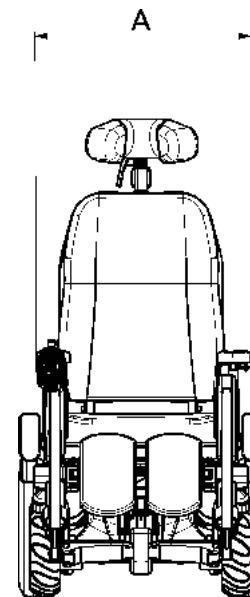
Position	Description	Dimension	Unit (please state)
A	Overall width		mm / inches
B	Back support angle		deg.
C	Overall height (w/o head support)		mm / inches
D	Overall length		mm / inches
E	Seat to floor height		mm / inches
F	Leg support angle		deg.

## Clients information

Name / Reference

Age

Disability

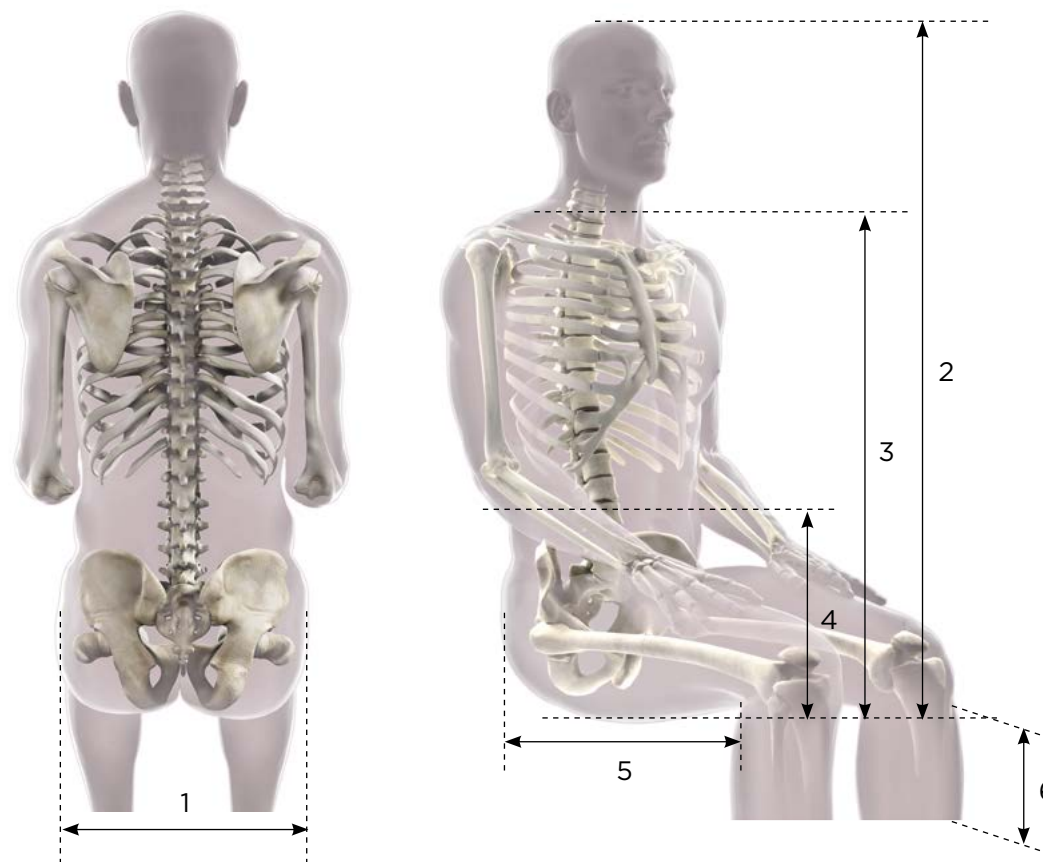


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## Client's data

Description	Dimension	Unit
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4 Seat to elbow		mm / inches
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6 Knee to heel		mm / inches



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