

## Measurements for bike attachment

Company/Mrs/Mr: .....

Street: .....

Commission: .....

Zip code/Town : .....

typ of wheel chair: .....

Tel/Fax:: .....

Disability: .....

		<b>Standard</b>
A. Ground – upside shoulder	_____ cm	100 – 115
B. Ground – seat upside couson	_____ cm	50 – 55
C. Seat – upside shoulder	_____ cm	50 – 60
D. Back – peak of knee	_____ cm	bis 65
E. Back – peak of foot	_____ cm	bis 80
F. Ground - Leg	_____ cm	55 – 70
G. Breast – middle of hand (hole at thumbfinger)	_____ cm	ab 47
Body size:(hight )	_____ cm	

Specialities: \_\_\_\_\_

