MY WHEELCHAIR INFORMATION

PLACE A PICTURE OF YOUR WHEELCHAIR HERE (IF AVAILABLE)

NOTE ON THE PICTURE WHERE TO LIFT THE CHAIR

OWNER: ______________________________________________

PHONE #: ________________ CONFIRMATION #:__________

WEIGHT OF THE CHAIR:____________________ lbs/kg

BATTERY TYPE:   ☐ NON-SPILLABLE (Dry Cell/Gel)
☐ SPILLABLE (Wet Cell/Acid)
☐ LITHIUM (No. of Grams_____)

ARE THERE ANY REMOVABLE PARTS?
1. ____________________  4.____________________
2. ____________________  5.____________________
3. ____________________  6.____________________

HUB/BRAKE RELEASE/HOW TO PUT INTO “FREE WHEEL”

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WHAT FOLDS/COLLAPSES?

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ARE ANY TOOLS REQUIRED TO ASSIST WITH TAKING APART OR REASSEMBLING?

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ARE PARTS OF THE CHAIR TAKEN IN-CABIN?

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SPECIAL INSTRUCTIONS/PRECAUTIONS

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