

RENTAL MOUNTING SELECTION SHEET

CLIENT: *The client is the person who will be receiving the equipment or services.*

Client Last Name: _____ First Name: _____

Client D.O.B. _____ State of Residence: _____

Make/Model of Wheel Chair (if wheelchair mount is requested): _____

Device/Access Method: _____

CONTACT PERSON: *Contact person is the person who would address any questions related to this Selection Sheet.*

Contact Person Last Name: _____ First Name: _____

Phone: _____ Email: _____

Step A - Choose a type of mount

Table stands & clamps



TS-XL



ClampOnMount

Floorstands

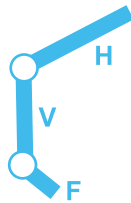


TeleLock

Wheelchair mounts & Tubing size



RM-2
two tubes



| Standard sizes will be shipped | |
|--------------------------------|------------|
| | F V H |
| RM-2 | - 20" 12" |
| RM-3 | 8" 16" 12" |

F = frame tube, V = vertical tube, H = horizontal tube



RM-3
three tubes



RM-S
curved main tube



Curved tube - **MUST** choose one

Small (offset 6", height 26")

Medium (offset 9", height 30")

Large (offset 12", height 34")

Horizontal tube (H)

RM-S Standard size (16") will be shipped

NOT FOR USE WITH PURCHASES. FOR RENTALS ONLY

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Step B - For wheelchairs only

Frame clamps

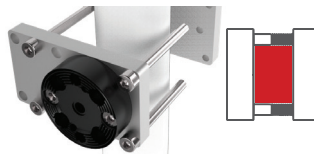
Select **one** clamp, regardless of wheelchair mount. Questions about which wheelchair frame clamp you need? Contact our mounting specialists at (800) 262-1990.

for round tubes



| | | |
|--------|--------------------------------|-------------------------------|
| 7/8" | <input type="checkbox"/> round | <input type="checkbox"/> side |
| 1" | <input type="checkbox"/> round | <input type="checkbox"/> side |
| 1 1/8" | <input type="checkbox"/> round | |
| 1 1/4" | <input type="checkbox"/> round | |

for rectangular tubes



| | |
|-------|--------------------------|
| small | <input type="checkbox"/> |
| large | <input type="checkbox"/> |

for T-nut rails



| | |
|------------------|--------------------------|
| Quantum/Invacare | <input type="checkbox"/> |
| Quickie | <input type="checkbox"/> |
| Permobil | <input type="checkbox"/> |

for frames with holes



| | |
|---------------------------------|--------------------------|
| M6/M8 Thread (~ 1/4" and 5/16") | <input type="checkbox"/> |
|---------------------------------|--------------------------|


Other

| | |
|--|--|
| | |
|--|--|

Additional

Additional Frame Clamp Required? Please specify from list above.

Oval needed? Or any other special clamp? Please write make/model of the chair and call our mounting specialists at (800) 262-1990.



Universal Quick Shift Joint
Included joint for all wheelchair mounts

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