Requirement form Thomy Walker

Company: .....

Address: .....

.....

Contact person: .....

Commission: .....
(anonymized)

Caregiver / Therapist: .....

Technical Advisor ATO FORM: .....

Date: .....

Customer number: .....

Telefon number: .....
(For further questions)

E-Mail address: .....
(For further questions)

Telefon or E-Mail: .....
(For further questions)

Other: .....

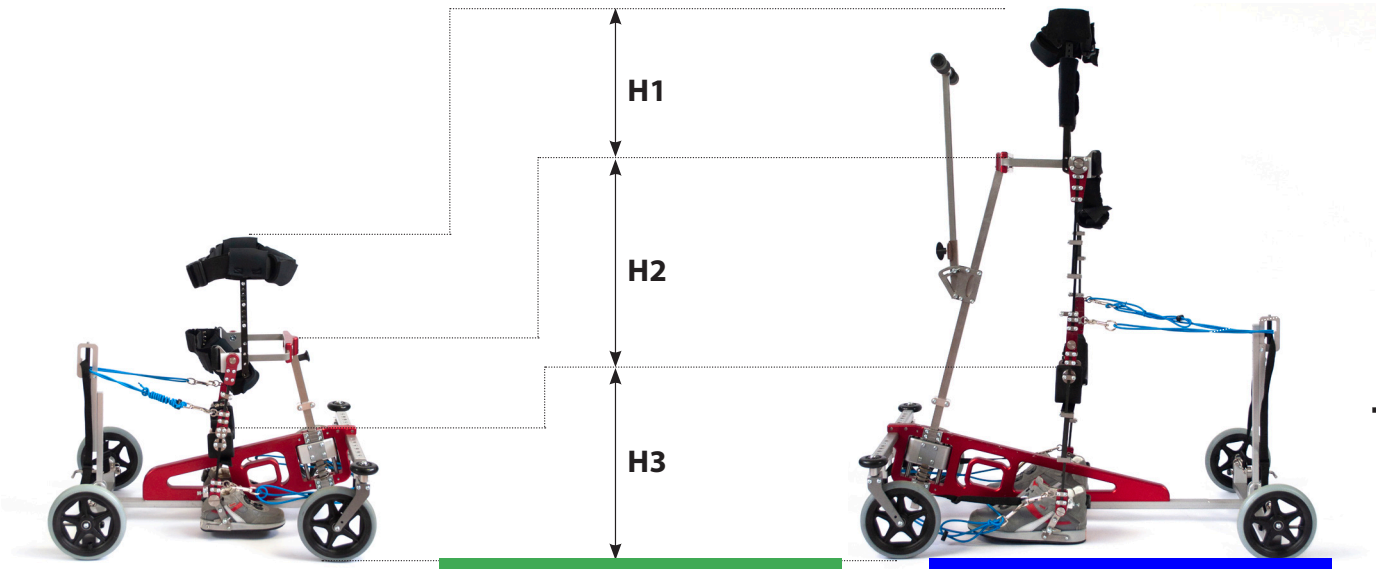
◯ Request/Testing ◯ Order ◯ To quote no. ..... ◯ To order no. .....

On the next page, fill in the patient's measurements completely!

Technical product data:

	Stand and gait aid		Thomy-Walker size 1	Thomy-Walker size 2
	Item no.		053TW10003	053TW10004
H5	Body size	cm	70 – 140	140 – 180
	Overall height	cm	45 – 105	105 – 140
	Overall width	cm	53 – 73	65 – 84
	Length	cm	73 – 98	93 – 110
	Turn radius	cm	70	70
	Weight	kg	ab 12.3	ab 18.0
	Maximum load	kg	40	80

Technical changes reserved!



Dokument Drucken

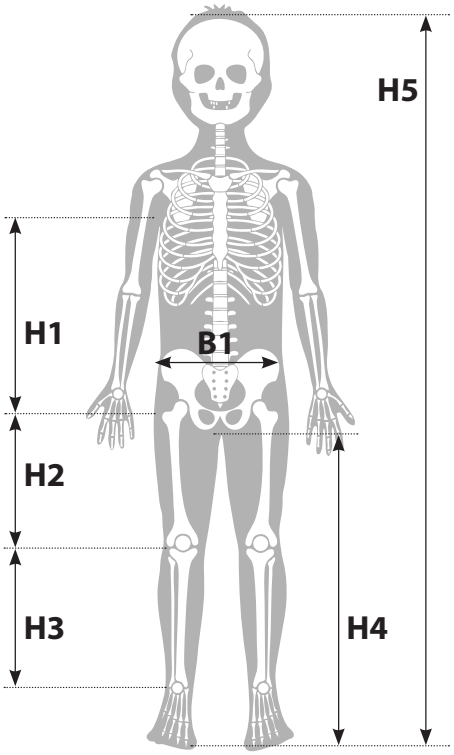
Dokument zurücksetzen

Requirement form Thomy Walker

Patient data:

(Please take measurements while lying down)

		Left side	Right side
H1	2 fingers below armpit level ⟷ Trochanter major	cm	cm
H2	Trochanter major ⟷ knee joint space	cm	cm
H3	knee joint space ⟷ Malleolus lateralis	cm	cm
B1	Hip width		cm
H4	Stride length		cm
H5	Body height		cm
	Foot length (orthosis length)		cm
	Shoe size		cm
	Weight		kg



Attachments/sent documents: Pages:

Signature of customer: .....

I hereby confirm that I have informed our customer about the forwarding of the above data to ATO FORM GmbH for the production of the custom-made product and that he hereby agrees to this.

Signature Specialist consultant service provider	Signature Speciallist consultant ATO FORM	Signature Therapist/Carer

Internal notes: Checked (date): by whom:

Item no: Offer no:

Comments:

Release through:

Recipe suggestion:

A Thomy Walker walking and standing aid
after successful testing.

Diagnosis: …

Dokument Drucken Dokument zurücksetzen

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