

Client Name:			P.O.#:	Date:
Age:	Height	Weight	Dealer	
Address:			Dealer Contact:	
City, St, Zip:			Address:	
Phone:			City, ST, Zip:	
Facility:			Phone:	
Therapist:		Phone:	Fax:	

SUPERSTAND: *Multi-Position Pediatric Standing System* Features include: Prone, Vertical, and Supine positioning; modular hip and chest positioning pads with laterals; hands free standing angle adjustments; headrest; chin rest; adjustable knee system; individually adjustable foot system and base with 3" locking casters.

____ SUPERSTAND Client Height: 26" – 48" ____ SUPERSTAND YOUTH Client Height: 40" – 60"
Frame Colors: ____Red ____ Blue ____Midnight Purple
Upholstery colors: ____Red ____Blue ____ Black **Harness Colors:** ____Black Denim ____Blue Denim

ACCESSORIES and OPTIONS:

Lateral Pad Brackets:

Superstand is standard with 10"H X 8"D Chest Laterals and 10"H X 7"D Hip Laterals and 90 Degree Brackets

Chest Pad Brackets: ____ 90° ____ 1" Offset ____ 2" Offset

Hip Pad Brackets: ____ 90° ____ 1" Offset ____ 2" Offset

	Superstand	Superstand Youth
90 Degree:	Width adjustment from 9" – 13"	Width adjustment from 11" – 15"
1" offset:	Width adjustment from 7" – 11"	Width adjustment from 9" – 13"
2" offset:	Width adjustment from 5" – 9"	Width adjustment from 7" – 11"

____ **Size Adjustable Knee Pads (pair):** Allows knee pad width adjustment, (from 2 ½" – 4 ½") for various knee sizes and accommodation for braces.

____ **Shoe Holders (pair):** Formed ABS shoe holders with ankle and toe straps for foot positioning.
Size: ____ Sm (6" long x 4.3" wide) ____ Med (8" long x 4.9" wide) ____ Lrg (10.5 Long x 6" wide)

____ **Padded Head Strap:** Sheepskin lined strap with Velcro closure.

____ **Pummel W/ Rigid Hip Pad:** Height-adjustable pummel includes a ridged seat pad for positive positioning of the hips and pelvis.

____ **Upper Extremity Positioning Tray Assembly:** Multi-functional tray with individual height, depth and angle adjustability allowing for optimum positioning of the upper extremities. Tray surface provides an excellent area for school, work or play activities.

Tray Options: ____Tray edging ____Opaque tray overlay ____Clear tray overlay ____Tray easel

____ **Steel Caster Upgrade:** High performance easy rolling steel casters lock for swivel and rotation.

Special Needs:

Prime Engineering has been a leader in standing technology for over 15 years. We are proud of our products and our proven commitment to serving the needs of our customers. We have been serving the market with custom modifications and specially built standing equipment for many years and it is our commitment to continue to service our customers needs. We encourage you to call us with your special needs, questions, or any other item that we may assist you with in your standing program. Our engineering department and standing and positioning specialists will be happy to answer your questions or assist you with the design and fabrication of a unit that meets your needs. If you have any special needs on this unit please list them in the following areas and fax this information to us so that we may respond. Please supply us as much information in the client dimensions area of this form as possible to speed up the design process and or response time.

Custom Support Pads: Use this area only if you need custom sized support pads on your Superstand. All custom pads must be quoted for price and manufacturing time.

Chest Pad: ___" Wide x ___" High Standard Pad is 10"w x 8"h for Superstand and 12"w x 15"h for Superstand Youth

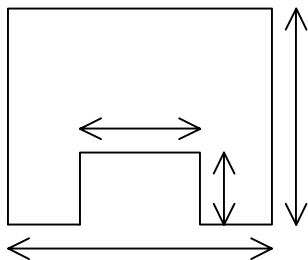
Hip Pad: ___" Wide x ___" High Standard Pad is 10"w x 7"h for Superstand and 12"w x 8"h for Superstand Youth

Chest Laterals ___" Wide x ___" High Standard Pad is 3"d x 3"h for Superstand and 3"d x 5"h for Superstand Youth

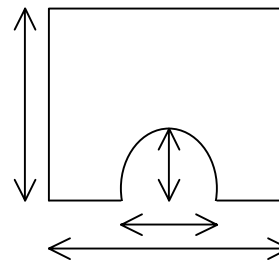
Hip Laterals ___" Wide x ___" High Standard Pad is 3"d x 5"h for Superstand and 3"d x 5"h for Superstand Youth

Custom Tray Surface:

Tray: ___" Wide x ___" Deep Standard Tray is 22.5"w x 19"d for Superstand and 28"w x 24"d for Superstand Youth



Please supply any information for cutouts or modifications desired in this area or submit a template in paper or cardboard. Any written information should be referenced in the supplied area below.



Client Measurements:

A: Thorax Width ___" B: Hip Width ___" C: Hip to Knee ___" D: Knee to Heel ___"

E: Shoe Size ___ F: Overall Height ___" G: Shoulder Height: ___"

Note: All Measurements Assume Symmetrical Standing and Sitting Posture.

Other Information:
