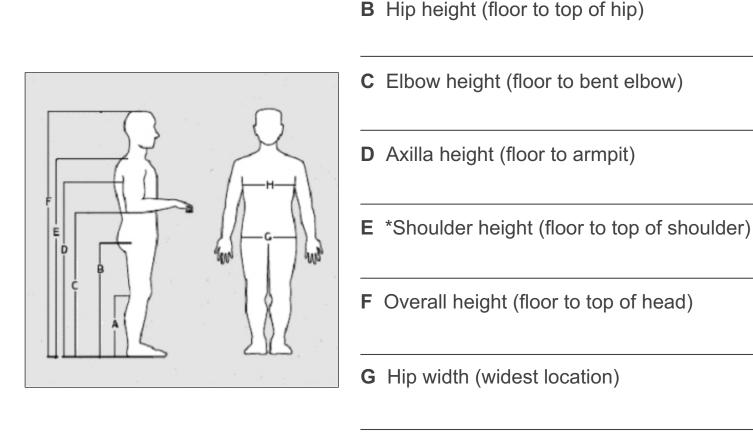


Client Na	ame:	
E-mail:_		
Phone:		

**A** Knee height (floor to mid knee)

## Stander Measurement Guide



\*Key Measurement - Should correspond to the specification for footrest to top of supine back.

**H** Trunk width (widest location)

User Weight (kg/pounds)

Note: Please verify the measurements of the product, to ensure proper fitting for the client and adequate space availability in the user environment. medicaleshop will not be responsible for incorrect measurements/fitting and inadequate space availability in the user environment.

Need help with measurements, Please call us...

## Medicaleshop Inc.