



Makers of
Load-N-Go

Load-N-Go ORDER FORM

146-H Blaine Street • Santa Cruz, CA 95060 • 408 457-1371

For Office Use Only

Please fill out this order form completely and print clearly. Measurements and information are for wheelchair to be fitted with Load-N-Go. This form must be filled out completely to process your order. Use back of order form to write any other important information (e.g., "Use only one footrest," "Use no footrest," etc.) we may need to fill your order. We thank you for helping us to process your order promptly and accurately.

Name _____ Phone _____ Date _____

Street _____ City _____ State _____ Zip _____

Make of Wheelchair _____ Year _____

Model Name, Number & Letters _____ Year Purchased _____

Armrest Used: Footrests: Wheelchair Is:

<input type="checkbox"/> Full Length	<input type="checkbox"/> Fixed	<input type="checkbox"/> Electric	<input type="checkbox"/> Tapered V Front
<input type="checkbox"/> Desk Length	<input type="checkbox"/> Removable	<input type="checkbox"/> Manual	<input type="checkbox"/> Rigid Frame
<input type="checkbox"/> Removable		<input type="checkbox"/> Lightweight	<input type="checkbox"/> Folding Frame
<input type="checkbox"/> No Armrest		<input type="checkbox"/> Sport/Ultra Lightweight	

Measurement Section

1 Measurement A represents width of wheelchair frame at seat level. Measure to outside of frame tube, marked by arrows in illustration 1.

Write in measurement A _____ (inches).

2 Measurement B represents distance from end of armrest, control box (electric), or any protruding object located above knee level down to area marked by arrow.

3 Illustrations 2 and 3.

Write in measurement B _____ (inches).

4 Measurement C represents distance 1" above knees/thigh (with feet on footrests) down to lower frame tube (tube front wheels attach to). Illustration 4.

Write in measurement C _____ (inches).

