

Invoice to:	Deliver to:
Name:	Name:
Street:	Street:
Town: Postal code:	Town: Postal code:
Country:	Country:
Tel: Fax:	Tel: Fax:
Order date:	Marked for:
Purchase order:	

- Use this prescription form if you want to add additional options to any Motability Fixed Specification Order Form
- Write the product **Option code**, **Description** and **retail price** on the below order form
- Attach this prescription form with the fully completed Motability fixed specification prescription form and send to Sunrise Medical
- Please check any non-compatibilities to ensure the additional option can be built with your fixed spec motability chair
- You can use <https://shop.sunrisemedical.eu> to do this or a full retail prescription form
- All Options are subject to a 30% form RRP discount

Example

Quickie Powerchair this order is to be attached to:

		£
Option Code	Description	RRP
STR050017	Powered elevating legrest	592
STR050039	Auto connector hanger receivers for Powered Elevating legrests	144

Quickie Powerchair this order is to be attached to:

[illegible]