

Date of Order \_\_\_ / \_\_\_ / \_\_\_

Katakamba  
Cheche  
Home  
Kampala

Issued \_\_\_ / \_\_\_ / \_\_\_

Date of Fitting \_\_\_ / \_\_\_ / \_\_\_

By \_\_\_\_\_

NAME \_\_\_\_\_ Tel. \_\_\_\_\_

Sex \_\_\_ Age \_\_\_\_\_ Project \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_ wheelchair



Tricycle



Corner seat



CP chair



Toilet seat



3 Positions chair



Other: \_\_\_\_\_

