



DATE MEASUREMENTS TAKEN

Participant Details

Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Diagnosis/ Disability:	<input type="text"/>		
NDIS Number:	<input type="text"/>	<input type="checkbox"/> Self Managed	<input type="checkbox"/> Plan Managed
		<input type="checkbox"/> NDIA Managed	
Plan Manager invoice email:	<input type="text"/>		

Contact Details

Parent Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>

Details of prescribing Allied Health Professional

Name:	<input type="text"/>
Allied Health Profession :	<input type="text"/>
Organisation :	<input type="text"/>
Email :	<input type="text"/>
Delivery Address (if different to address in contact details):	<input type="text"/>

Customized Standard Size Danmar Soft Shell Helmet 9821 / 9822 / 9824

This form is used to request a quote and place an order for a customized standard size Danmar Hard Shell Helmet. Complete pages 1 and 2 of the form and return via email. Refer to the separate document Danmar Hard Shell Helmet Appendix 1 & 2 on our website for information on available colors, patterns, and customizations to choose from. Please be aware that made-to-measure helmets cannot be returned or refunded.

Signature (if submitted via email this is taken as an electronic agreement to this declaration)

By submitting this form, I agree that I, as a registered health professional, have assessed the client and prescribed the Danmar hard shell helmet with the specifications in this order with due diligence and care and that the helmet is non-returnable and non-refundable. I agree for the measurements and any photographs attached to this document to be shared with Danmar Products in the USA for manufacturing purposes.

Name: _____ Signed: _____



Customized Standard Size Danmar Hard Shell Helmet

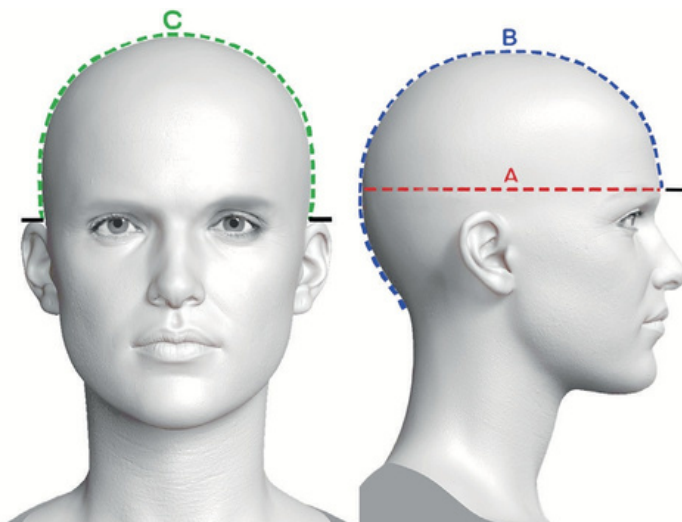
Select the model

- ☐ 9821 Hard Shell Helmet
- ☐ 9824 Hard Shell Helmet with Face Bar
- ☐ 9822 Hard Shell Helmet with Face Guard

Select the size

- ☐ XX-Small ☐ X-Small ☐ Small ☐ Medium
- ☐ Large ☐ X-Large ☐ XX-Large

Size	A: Head Circumference cm	B: Occipital cm	C: Ear to Ear cm
Infant	N/A	N/A	N/A
XX-Small	47.0 - 48.9	32.4	23.5
X-Small	48.9 - 50.8	33.7	25.4
Small	52.1 - 54.0	38.1	29.8
Medium	54.6 - 56.5	41.9	31.8
Large	57.2 - 59.1	42.5	32.4
X-Large	57.2 - 65.4	44.5	33.7
XX-Large	66.0 - 67.9	47.6	38.1



A: Measure head circumference at eyebrow level all the way around the head.

B: Occipital measurement is taken from eyebrow level to the back of the head at the point the helmet is to end.

C: Over the top of the head from the tip of one ear to the tip of the other.



Customized Standard Size Danmar Hard Shell Helmet

Specify colour choice of inner soft foam liner (see Appendix 1):

Specify colour choice of outer hard shell: Creamy White / Black

Select customizations required (see Appendix 2)

- ☐ 3469 Quick-Release Buckle Chinstrap; Top of Helmet
- ☐ 3469-U Quick Release Buckle Chinstrap; Under Chin
- ☐ 3472 Custom Strapping System
- ☐ 3467 Reinforced Seams
- ☐ 3466 Reinforced Liner
- ☐ 3459 Hard Shell Ear Coverings
- ☐ 3460 Soft Foam Ear Coverings
- ☐ 3468 Foam Visor
- ☐ 3464 Rear Foam Extension. Specify Length in cm _____(Inches_____)
- ☐ 3465 Rear Hard Shell Extension
- ☐ 3470 Eyeglass Relief Area
- ☐ 3463 Stabilizing Side Tabs Specify Permanent Mount or Pivot Mount _____
- ☐ 3462 Extra Long Face Guard
- ☐ 3461 Face Guard Modifications No. _____

Any other specific requirements or relevant measurements: