



DATE MEASUREMENTS TAKEN _____

Participant Details

Name:

Date of Birth: Male Female

Diagnosis/ Disability:

NDIS Number: Self Managed Plan Managed NDIA Managed

Plan Manager invoice email:

Contact Details

Parent Name:

Phone Number:

Email:

Address:

Details of prescribing Allied Health Professional

Name:

Allied Health Profession :

Organisation :

Email :

Delivery Address (if different to address in contact details):

Customized Standard Size Danmar Soft Shell Helmet 9820

This form is used to request a quote and place an order for a customized standard size Danmar Soft Shell Helmet 9820. Complete pages 1 and 2 of the form and return via email. Refer to the separate document Danmar Soft 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 soft 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: _____

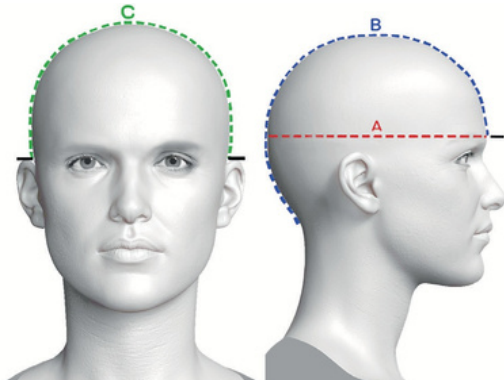


Customized Standard Size Danmar Soft Shell Helmet

Select the size of the soft shell helmet required

- Infant
 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	41.3 - 43.2	29.2	21.0
XX-Small	44.5 - 46.4	32.4	24.1
X-Small	48.3 - 50.2	34.9	24.1
Small	52.7 - 54.6	36.8	26.7
Medium	54.6 - 56.5	38.7	27.9
Large	58.4 - 60.3	41.9	30.5
X-Large	61.0 - 62.9	44.5	33.0
XX-Large	64.8 - 66.7	47.0	34.9



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.

Specify colour choice (see Appendix 1):

Specify transfer pattern choice (see Appendix 1):

Select customizations required (see Appendix 2)

- 3469 Quick-Release Buckle Chinstrap; Top of Helmet
 3470 Eyeglass Relief Area
 3469-U Quick Release Buckle Chinstrap; Under Chin
 Any other specific requirements or relevant measurements:
 3472 Custom Strapping System
 3467 Reinforced Seams
 3466 Reinforced Liner
 3460 Soft Foam Ear Coverings
 3468 Foam Visor
 3471 Ponytail Cutout
 3464 Rear Foam Extension. Specify Length in cm _____ (Inches _____)