



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"/>

## Made-to-Measure Danmar Hard Shell Helmet 9821 / 9822 / 9824

This form is used to request a quote and place an order for a made-to-measure 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 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.

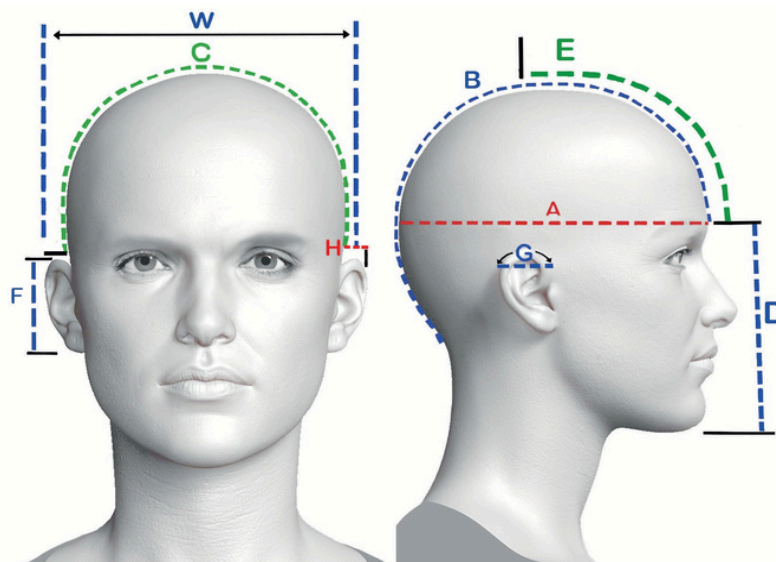
Name: \_\_\_\_\_ Signed: \_\_\_\_\_



## Made-To-Measure Danmar Hard Shell Helmet

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

	Made-To-Measure Hard Shell Helmet Measurements	Measurements in cm	Office Use Only: Inches
A	Circumference at the eyebrow level all the way around the head		
AX	Circumference at widest point of head if forehead or other protrusions present		
AY	Distance from eyebrow level to point level with where circumference AX was measured		
B	Occipital: from the eyebrow level to the back of the head, going over the top of the head to the point where the helmet is to end		
C	Over the top of the head: from the top of the left ear over the top of the head to the top of the right ear		
D	Eyebrows to chin (for face guard and face bars)		
E	Eyebrow to top of head: at eyebrow level following the contour of the head to the point where it intersects with the ear-to-ear measurement		
W	Width of head: is measured above the head and is the distance between the ears (measured with a straight edge ruler)		
F	Height of ears (required for 3460 soft foam ear coverings)		
G	Width of ears (required for 3460 soft foam ear coverings)		
H	Extension is the distance that ears extend from the head (required for 3460 soft foam ear coverings)		





## Made-To-Measure 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: