



DATE MEASUREMENTS TAKEN

## Participant Details

|                                |                      |  |  |
|--------------------------------|----------------------|--|--|
| Name:                          | <input type="text"/> |  |  |
| Date of Birth:                 | <input type="text"/> | <input type="checkbox"/> Male            | <input type="checkbox"/> Female          |
| Diagnosis/<br>Disability:      | <input type="text"/> |  |  |
| NDIS Number:                   | <input type="text"/> | <input type="checkbox"/> Self<br>Managed | <input type="checkbox"/> Plan<br>Managed |
|                                |                      | <input type="checkbox"/> NDIA<br>Managed |  |
| Plan Manager<br>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<br>Profession :  | <input type="text"/> |
| Organisation :   | <input type="text"/> |
| Email :  | <input type="text"/> |
| Delivery Address<br>(if different to address<br>in contact details): | <input type="text"/> |

## Made-to-Measure Danmar Soft Shell Helmet 9820

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



## Made-To-Measure Danmar Soft Shell Helmet

|   | Made-To-Measure Soft Shell Helmet Measurements  | Measurements<br>in cm | Office Use<br>Only: Inches |
|---|---|-----------------------|----------------------------|
| A | Circumference at the eyebrow level all the way around the head  |                       |                            |
| 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                                 |                       |                            |
| 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)  |                       |                            |

☐ Please attach close-up photographs of the head from the front, back, left and right sides and a top-down view (this is required to proceed with the order)

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
- ☐ 3469-U Quick Release Buckle Chinstrap; Under Chin
- ☐ 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 \_\_\_\_\_)

☐ 3470 Eyeglass Relief Area

Any other specific requirements or relevant measurements:

