

Fill out the order form

1. Please complete this order form to the best of your knowledge.
2. Save the form, attach it to a new email along with any reference pictures, and send it to daessy@daessy.com.
3. If you are unable to complete any of the more technical aspects of this form, please contact us for assistance in identifying the best options for your setup.

Phone: +1 (604) 270-4605

Fax: +1 (604) 244-8443

Email: daessy@daessy.com

Customer Details	
Full Name	
Company Name	
Contact Phone No.	
Email	
Address Line 1	
Address Line 2	
City	
State/Province	
Zip/Postal Code	
Country	

Complete Mount		Your Wheelchair		
Complete Mount	Make			
	Model			
	Type	<input type="checkbox"/> Manual	<input type="checkbox"/> Powered	
		<input type="checkbox"/> Tilting Seat System	<input type="checkbox"/> Fixed Seat System	
Mount Choice				
	Name and Code			
	Frame Clamp Inner Piece			
	Custom Tube Lengths			

Device to be Mounted	Make		
	Model		
	Method of Access	<input type="checkbox"/> Direct Select	<input type="checkbox"/> Eye Gaze
		<input type="checkbox"/> Switch	<input type="checkbox"/> Other
	If Direct Select, indicate touch strength of user	<input type="checkbox"/> Gentle	<input type="checkbox"/> Medium
<input type="checkbox"/> Strong			
Required position of device			

Additional Equipment	Secondary Frame Clamp	
	Inner Piece Size	
	Outer Piece Style	
	Other items	
Other mounting equipment the device will be used with		
Provide Photos		
Describe		

Reference photos

Reference images of the user's setup like the angles shown below, help us to advise on adjustments or additional parts that may need to be made or ordered to accommodate any special customizations.

