

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		
	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.

