



Order Form: M5 Bariatric

Prepared by _____
 Client Name _____
 Order Date _____
 Reference No. _____

Circle required dimensions and configurations

CONFIGURATION

Battery	24V Full Battery Backup (Standard)				
Show Wood	Walnut	Mahogany	Baltic	Teak	Remove Show Wood
Fabric					
Memory Foam	Seat (Standard)		Leg rest		Arms
ROHO Cushion Insert	None (Standard)	18x16 Low Profile	18x16 High Profile	16x16 Low Profile	16x16 High Profile Customize
Controller Side	Right (Standard)			Left	
Gluteal Recess	No (Standard)			Yes	

ACCESSORIES

Headrest	A	B	C	D	E
Covers	Fitted Arm Covers			Not Fitted Arm Covers	
	Head Cover			Velcro Head and Arm Cover Set	

DIMENSIONS

	Seat Depth (mm)	Seat Height (mm)	Seat Width (mm)	Seat Foam (mm)	Footrest Length (mm)	Arm Height (mm)	Back Height (mm)
Decrease Size	-25 -50					-25	-25
M5 650	530	500	650	N/A	950	190	690
Increase Size	+25 +50						+50 +75
Decrease Size	-25 -50					-25	-25
M5 650 / 70	600	570	650	N/A	1020	190	770
Increase Size	+25 +50						+50 +75
Decrease Size	-25 -50					-25	-25
M5 850	530	500	850	N/A	950	190	690
Increase Size	+25 +50						+50 +75
Decrease Size	-25 -50					-25	-25
M5 850 / 70	600	570	850	N/A	1020	190	770
Increase Size	+25 +50						+50 +75

ADDITIONAL NOTES



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