

Horizon 4000 Patient Transport Trolley

Script Form

Please fill out the below form.
Once completed, return the form
to the team at Active Medical.



Form Information

Client Information

Full Name:		Contact Name:		Phone Number:	
Street Address:			Suburb:		
Postcode:			State:		

NDIA Agency Managed

NDIS: Number:	
Plan Dates:	

Plan Managed

Plan Manager (Company Name):	
NDIS: Number:	

Home Care Package

Provider:				
LVL 1	LVL 2	LVL 3	LVL 4	

Other

(DVA, NIIISQ, Private Sale)

Self Managed

M.A.S.S

Please Note: For NDIS participants, please ensure Active Medical is endorsed as your provider at the time of quote approval.

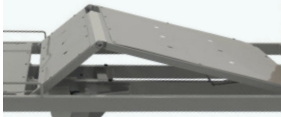
Prescriber/Clinician Information

Full Name:		Organisation:	
Mobile Number:		Phone Number:	
Email:			

Note: (\$) Indicates a change in price associated with the selected function, style, colour, or accessory.

Standard Change Table Requirements

Optional Functions (\$)

Kneebreak 	Attendant Control 	200mm Castor Upgrade 	Underbed Lighting (Warm White) 	Underbed Lighting with Custom Colour* 
USB Charger Port (Specify Quantity & side of the trolley below)			Jumbo Battery System	

Select Custom Colour below:*

Orange	Red	Purple	Pink	Light Blue	Dark Blue	Green

Optional Accessories (\$)

Self Help Pole & Triangle 	Vertical Rails 	I.V. Pole 	Oxygen Bottle Carrier 
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Customise Change Table Requirements

Width Options

750 mm <i>(Standard)</i>	800 mm	900 mm	950 mm	1000 mm
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Mattress Base Length

2000 mm <i>(Standard)</i>

Powdercoat Colours

APO Grey <i>(Standard)</i>	Ironstone <i>(Standard)</i>	Rivergum Beige (\$)	Signal Red (\$)	Manor Red (\$)	Orange X15 (\$)
Lemon Yellow (\$)	Mint Green (\$)	Cabana Green (\$)	French Blue (\$)	Blaze Blue (\$)	Navy (\$)
Dark Violet (\$)	Pink (\$)	Precious Silver Pearl (\$)	Pearl White (\$)	Black Satin (\$)	

Comments