



# Top End<sup>®</sup> Eliminator OSR I Cage

## UK Dealer Prescription Form January 2012

For accuracy of ordering, please fax along with the Eliminator order form to  
 Invacare Customer Service on 01656 776220 or E Mail your order to [ordersuk@invacare.com](mailto:ordersuk@invacare.com)

[www.topendwheelchair.co.uk](http://www.topendwheelchair.co.uk)

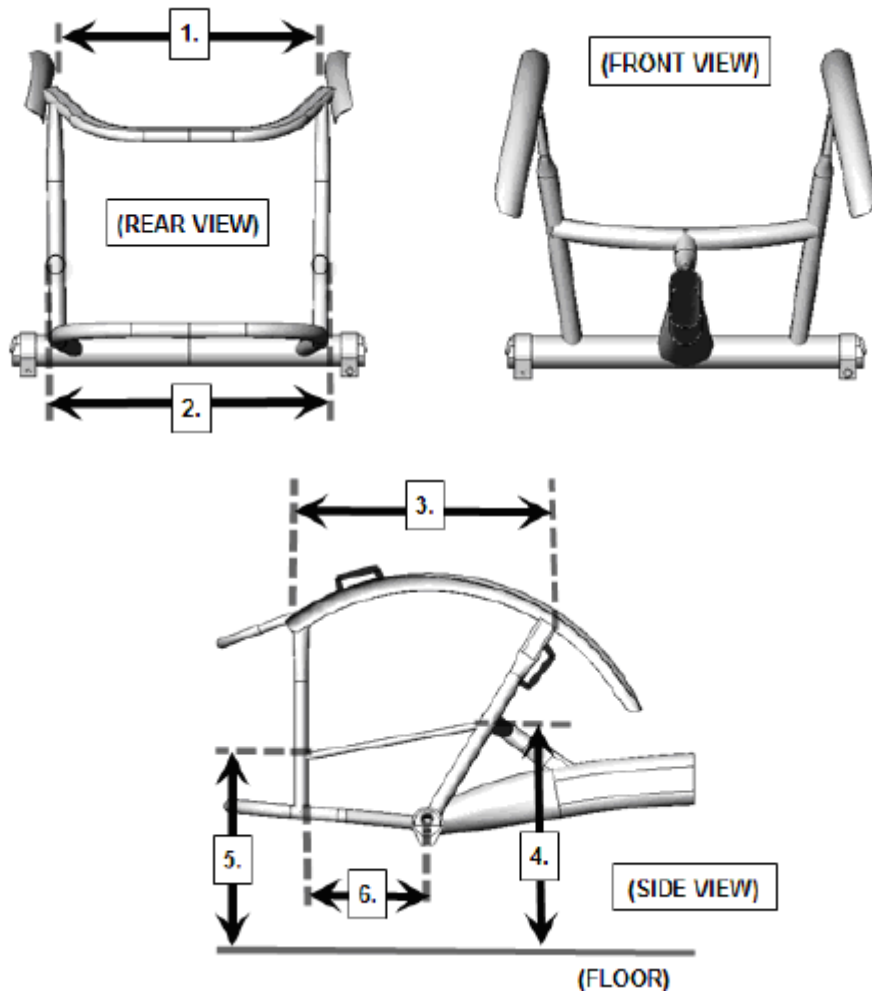
Account Name \_\_\_\_\_ Customer Name \_\_\_\_\_ Order Date \_\_\_\_\_

Account Number \_\_\_\_\_ PO Number \_\_\_\_\_ Tel Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ City \_\_\_\_\_ PostCode \_\_\_\_\_

- |   |
|---|
| 1. Upper Frame Width _____  |
| 2. Lower Frame Width _____  |
| 3. Depth (15" Std) _____  |
| 4. Front Seat Height _____  |
| 5. Rear Seat Height _____   |
| 6. Axle Position _____  |
| 7. Camber <input type="checkbox"/> 11° <input type="checkbox"/> 12° <input type="checkbox"/> 13° <input type="checkbox"/> 15°   |
| 8. Overall Length <input type="checkbox"/> 64" <input type="checkbox"/> 66"<br><input type="checkbox"/> 68" <input type="checkbox"/> 70" <input type="checkbox"/> 72" <input type="checkbox"/> 74" <input type="checkbox"/> 76" |
| 9. Rear Wheel Size <input type="checkbox"/> 700c <input type="checkbox"/> 26"   |
| 10. Steering <input type="checkbox"/> Bottom Mount (std)<br><input type="checkbox"/> Top Mount *  |
| * Not available on overall lengths less than 70"  |
| 11. Rear Wheel Type<br><input type="checkbox"/> Zipp <input type="checkbox"/> Corima <input type="checkbox"/> Tri-Spoke<br><input type="checkbox"/> Standard  |



**Invacare Ltd**, Pencoed Technology Park, Pencoed, Bridgend, CF35 5AQ  
 Tel: 01656 776222 Fax: 01656 776220 Email: [ordersuk@invacare.com](mailto:ordersuk@invacare.com)

*Subject to Invacare's terms and conditions. Invacare reserve the right to alter specification without prior notice*