

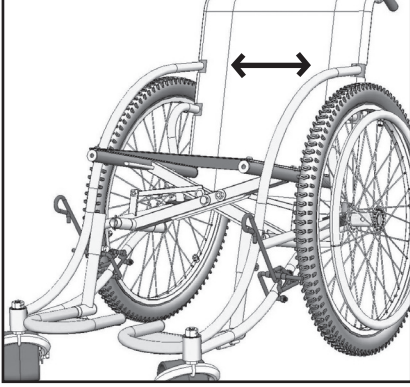
Rough Rider

Order Form



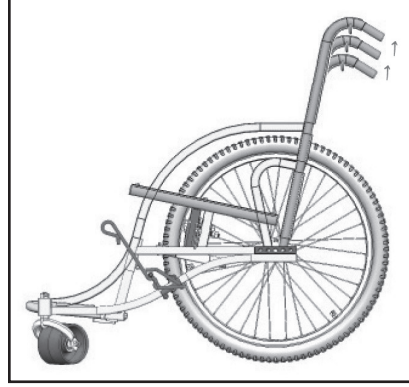
User name: _____ Tar : _____
Surname: _____
 Male Age: _____ Height: _____
 Female
Diagnosis: _____

1. Set Width



- 32 cm
 36 cm
 40 cm
 44 cm
 48 cm

3. Backrest Height



- 48,5 cm
 43,5 cm (standart)
 38,0 cm

2. Rear Wheel Position

(Center of gravity. Position 3 recommended . Adjustable.)

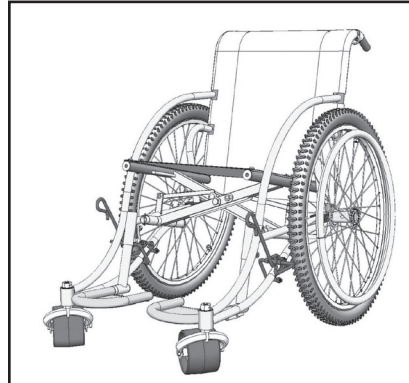


- 1 2 3 4 5



4. Foot Rest Position

(Cushion thickness not calculated. Adjustable.)



Min. 30 cm

cm

Max.43 cm

Included:

- * 5 cm foam comfort cushion
- * User Manual
- * Hand pump
- * Patch repair set
- * Yantıl anahtarı
- * Standard color: black

| | |
|----------------------------|------------------------------|
| Insured name, surname | ID No. |
| Invoice address & phone no | Delivery address & phone no. |

KİFAS ORTOPEDİK ÜRÜNLER SAN. VE TİC. LTD. ŞTİ

İvedik OSB - Has Emek Koop

1468 Cad. No. 47 / 06378 Yenimahalle - Ankara

Tel: +90 312 395 6652 Fax: +90 312 395 66 84

Gsm: +90 530 400 34 50 sales@kifas.com.tr

GARANTİ BBVA IBAN NO: TR 79 0006 2001 4950 0006 2961 45