Threshold or step wedge ramp

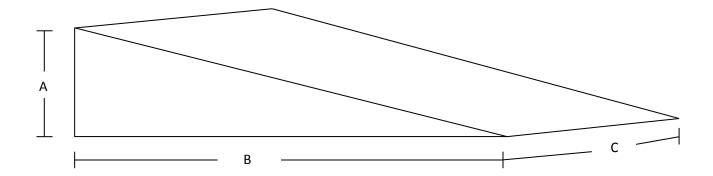


Client name	

www.aboutfreedom.com.au Ph: 1300 907 887

Address:

Telephone: ______



Specifications: Circle as required

Internal / External ramp at front / rear / side entry

Fix ramp to ground? Yes No

Hinged door / Sliding door

Kerb required? Yes No

Gradient required _____

Floor surface _____

Inward opening door / Outward opening door

Non slip strips required? Yes No

- All measurements in mm
- Placement of home modifications may vary according to existing building material. Please contact therapist if position or dimensions vary significantly from diagram.
- If this request is outside Australian Standard 1428.1 2009, clinical justification will take priority when signed by the referrer below.

Name	
	Occupational Therapist

Signature _____ Date ____