



DATE MEASUREMENTS TAKEN

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## Participant Details

Name:

Date of Birth:   Male  Female

Diagnosis/ Disability:

NDIS Number:   Self Managed  Plan Managed  NDIA Managed

Plan Manager invoice email:

## Contact Details

Parent Name:

Phone Number:

Email:

Address:

## Details of prescribing Allied Health Professional

Name:

Allied Health Profession :

Organisation :

Email :

Delivery Address (if different to address in contact details):

## Customized Standard Size Danmar Soft Shell Helmet 9820

This form is used to request a quote and place an order for a customized standard size Danmar Soft Shell Helmet 9820. Complete pages 1 and 2 of the form and return via email. Refer to the separate document Danmar Soft Shell Helmet Appendix 1 & 2 on our website for information on available colors, patterns, and customizations to choose from. Please be aware that made-to-measure helmets cannot be returned or refunded.

### Signature (if submitted via email this is taken as an electronic agreement to this declaration)

By submitting this form, I agree that I, as a registered health professional, have assessed the client and prescribed the Danmar soft shell helmet with the specifications in this order with due diligence and care and that the helmet is non-returnable and non-refundable. I agree for the measurements and any photographs attached to this document to be shared with Danmar Products in the USA for manufacturing purposes.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

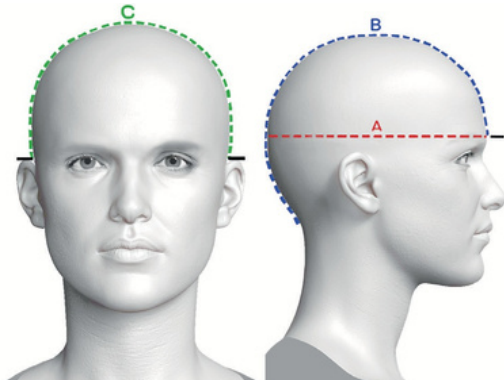



## Customized Standard Size Danmar Soft Shell Helmet

Select the size of the soft shell helmet required

- Infant   
  XX-Small   
  X-Small   
  Small   
  Medium  
 Large   
  X-Large   
  XX-Large

Size	A: Head Circumference cm	B: Occipital cm	C: Ear to Ear cm
Infant	41.3 - 43.2	29.2	21.0
XX-Small	44.5 - 46.4	32.4	24.1
X-Small	48.3 - 50.2	34.9	24.1
Small	52.7 - 54.6	36.8	26.7
Medium	54.6 - 56.5	38.7	27.9
Large	58.4 - 60.3	41.9	30.5
X-Large	61.0 - 62.9	44.5	33.0
XX-Large	64.8 - 66.7	47.0	34.9



A: Measure head circumference at eyebrow level all the way around the head.

B: Occipital measurement is taken from eyebrow level to the back of the head at the point the helmet is to end.

C: Over the top of the head from the tip of one ear to the tip of the other.

Specify colour choice (see Appendix 1):

Specify transfer pattern choice (see Appendix 1):

Select customizations required (see Appendix 2)

- 3469 Quick-Release Buckle Chinstrap; Top of Helmet   
  3470 Eyeglass Relief Area  
 3469-U Quick Release Buckle Chinstrap; Under Chin   
 Any other specific requirements or relevant measurements:  
 3472 Custom Strapping System  
 3467 Reinforced Seams  
 3466 Reinforced Liner  
 3460 Soft Foam Ear Coverings  
 3468 Foam Visor  
 3471 Ponytail Cutout  
 3464 Rear Foam Extension. Specify Length in cm \_\_\_\_\_ (Inches \_\_\_\_\_)