



DATE MEASUREMENTS TAKEN

Participant Details

Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Diagnosis/ Disability:	<input type="text"/>		
NDIS Number:	<input type="text"/>	<input type="checkbox"/> Self Managed	<input type="checkbox"/> Plan Managed
		<input type="checkbox"/> NDIA Managed	
Plan Manager invoice email:	<input type="text"/>		

Contact Details

Parent Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>

Details of prescribing Allied Health Professional

Name:	<input type="text"/>
Allied Health Profession :	<input type="text"/>
Organisation :	<input type="text"/>
Email :	<input type="text"/>
Delivery Address (if different to address in contact details):	<input type="text"/>

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: _____

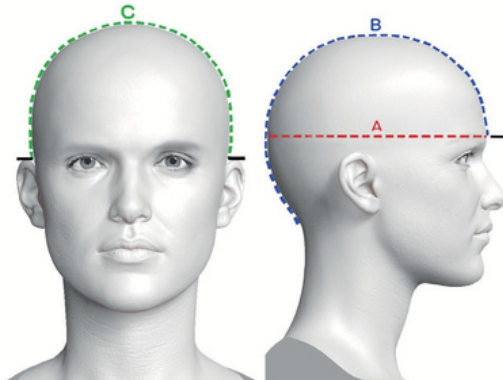


Customized Standard Size Danmar Soft Shell Helmet

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
☐ 3469-U Quick Release Buckle Chinstrap; Under Chin
☐ 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 _____)

- ☐ 3470 Eyeglass Relief Area

Any other specific requirements or relevant measurements: