

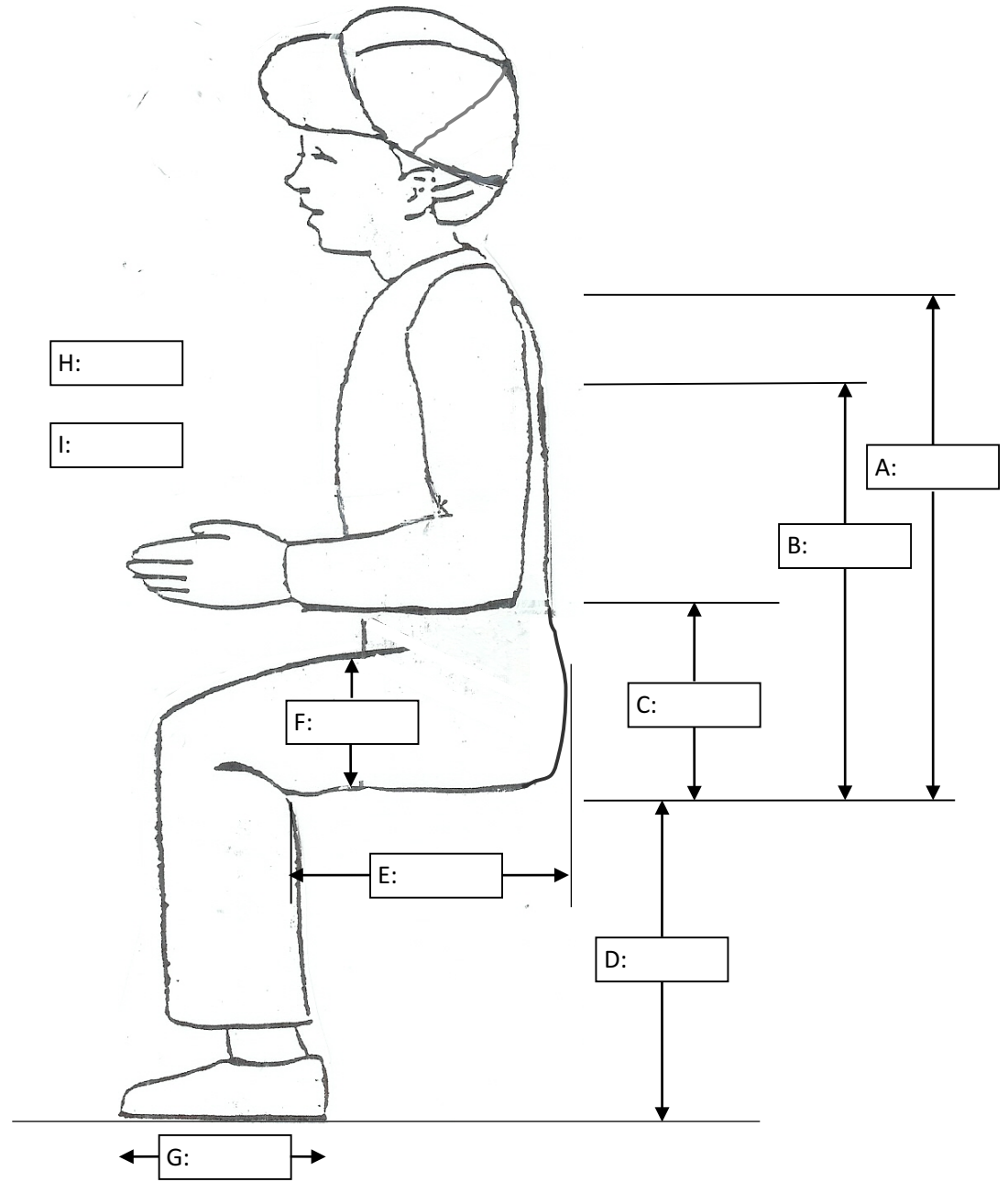
Bolster Chair Measurement

Special Needs Solutions
(520) 838-0987
snsarizona@gmail.com

Date: _____

Person: _____

- A – From seat to top of shoulder.
- B – From seat to armpit.
- C – From seat to bottom of elbow held at 90 degrees.
- D – From bottom of child's shoe to crease at back of knee.
- E – From back of seat to crease at back of knee.
- F – From seat to the top of thigh.
- G – Length of shoe.
- H – Belly circumference.
- I – Desired bolster width (distance between knees).



Bolster Chair

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Person: _____

Date: _____

Referred: _____

Invoice: _____

Contact: _____

Bill To: _____

Head Support? _____

Trunk Support? _____

Seat Belt? _____

Padding color: _____

Table? _____

