Treatment Bench

Person: _____   Date: _____

Referred: _____   Invoice: _____

Contact: _____

Bill To: _____

FIXED

½" lip all around

¾" brace

ADJUSTABLE

½" lip all around

¾" brace

3 holes (unless more needed for height range)
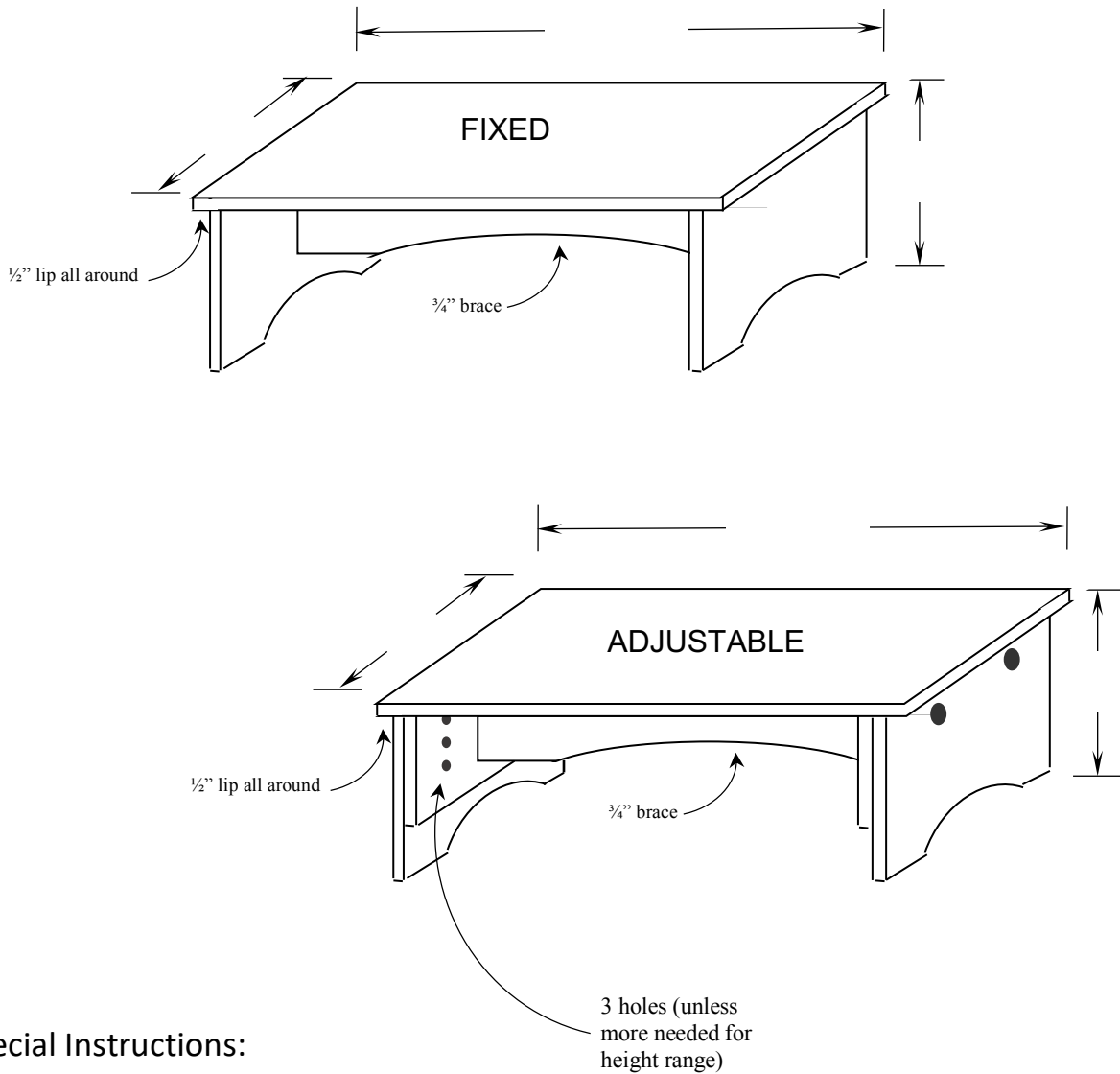
Special Instructions:

_____

_____

Volunteers: _____   Completed: _____

Called: _____   Picked Up: _____