



SPECIAL ORDER FEATURE

SPECIAL ORDER FEATURE (SOF) Form

Dealer Name:

Order Ref:

Order Date:

Phone:

Email:

Serial Number:

Description of Special Request

Describe the specific modification required. Be as detailed as possible, including measurements, materials, and any functional requirements.

Sketch / Diagram of Special Request

Attach a drawing or use the space below to sketch the modification.

Approval / Feasibility (for office use only)

For internal use only – Quantum Rehab to confirm whether the request is possible.

☐

Approved

☐

Not Approved

Notes

Instructions

1. **Attach this form to the standard powerchair order form.** If this request is not linked to a specific order, please provide full details of the intended build.
2. **Provide as much detail as possible** in the description, including specific dimensions, materials, and any functional requirements.
3. **If a sketch or diagram is necessary,** ensure it is clear and labeled. Additional reference images may be attached.
4. **Quantum Rehab will review and confirm feasibility.** Some modifications may not be possible, and additional costs or lead times may apply.
5. **Once approved, the dealer will receive confirmation** with lead time and cost details before proceeding with the order.



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