

	Company:
	Address:
	Phone:
	Email:
	www:

Date:
Name:



Client Information:	
Last Name:	Diagnosis:
First Name:	Phone no:
Ind. Code:	Phone no:
Street address:	
Mailing address:	

Knob models	Hands
0=No knob	5=Ergo
1=Low	6=3-pin
2=Round 40	7=2-pin
3=Round 50	8=Basic
4=M-standard	
	B=Both hands
	L=Left Hand
	R=Right Hand

Power Test

Kg

Pedals				Left Hand				Right Hand				Steering Wheel			
Accelerator		Brake		Accelerator		Brake		Accelerator		Brake		Left Turn		Right Turn	
Power	Clock	Power	Clock	Power	Clock	Power	Clock	Power	Clock	Power	Clock	Power	Clock	Power	Clock
												B0			B0
												B0			B0
												B0			B0
												B0			B0
												B0			B0
												B0			B0
												B0			B0
												B0			B0
												B0			B0

Average:

NaN		NaN		NaN		NaN		NaN		NaN		NaN		NaN	
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Timer Test in second

Kg

Pedals				Left Hand				Right Hand			
Accelerator Start Value	Brake Stop Value	Time	Clock	Accelerator Start Value	Brake Stop Value	Time	Clock	Accelerator Start Value	Brake Stop Value	Time	Clock

NaN	NaN	NaN		NaN	NaN	NaN		NaN	NaN	NaN	
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