



Order form

Explorer Mini



Dealer Name*:

City, State, Zip:

Phone:

ATP:

P.O. Number:

Client Reference*:

Account #*:

Email:

Rep Name:

Quote Number:

Client Weight:

**Required field*

Special considerations that need to be addressed here (e.g., diagnosis):

Chair Model

Front-wheel drive Explorer Mini power base includes: nVR2 joystick, tray table with magnetic top, integrated back support with cushion, removable seat, 5 Ah batteries (pair), charger and decorative sticker kits.

108237-99-0

Explorer Mini

FWD prescription only medical device, max speed: 1.5 mph, max user height: 39", weight capacity: 35 lb

\$2,944.00

Additional Order Instructions:

Order Acknowledgement:

I, _____, am an agent of the medical equipment provider named on this order form and I have the authority to contract for the purchase of these items and related parts on behalf of said provider. I acknowledge that I have reviewed this order and that it is complete and accurate to the best of my knowledge. I further acknowledge that any changes to this order after submission of this order form are subject to the returns policy and may carry additional charges.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

NOTE: All specifications and prices are subject to change without notice. Please note that any parts ordered for service or future alterations may carry different pricing and warranty. For US customers, HCPCS codes provided are not intended to be billing or legal advice, rather our interpretation of the code definitions. Use of the codes does not ensure coverage or payment for the item. For coverage information, verify the policy of the appropriate payer.