



Order form

SmartDrive MX2+



Dealer Name*:

Account #*:

City, State, Zip*:

Phone:

Email:

ATP:

Rep Name:

P.O. Number:

Quote Number:

Client Reference*:

Client Weight*:

**Required field*

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

Chair Details

Manual wheelchair details required for proper fit and attachment of power assist system.

Wheelchair make:

Wheelchair model:

Rear wheel size: 22" / 501 mm 24" / 540 mm 25" / 559 mm 26" / 590 mm

Chair status: Existing New

Frame type: Rigid – If Motion Composites APEX, please provide the rear seat height:
Folding – Must provide the chair/frame width:
Special frame, One-arm drive, etc. – Please specify:

System Details

SmartDrive System

MX2-162	SmartDrive MX2+ Power Assist System <i>Includes standard SpeedControl Dial or SwitchControl Buttons at no additional charge.</i>	\$7,529.00	E0986
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Standard Wired Control Options | One option available at no charge with SD system.

MX2-3DC	SpeedControl Dial	\$233.00	
MX2-3DA	Extended Mount <i>Works only with SpeedControl Dial. No additional charge when ordered with SmartDrive system.</i>	\$16.00	
MX2-TBS	SwitchControl Buttons (two)	\$233.00	

System Details

Upgrade Wired Control Options

MX2-TBSC	SwitchControl Button (one) with Monojack <i>\$159 upgrade option when ordered with SmartDrive system.</i>	\$391.00
MX2-BBB	Buddy Button <i>2.5" black button with tactile feedback. All mounting hardware included. Requires MX2-TBSC.</i>	\$262.00

Wearable Control Options

MX2-33P	PushTracker E3 <i>\$51 when ordered with SmartDrive system. No phone/Wi-Fi required.</i> Will use my own Apple Watch <i>Series 5 or newer. Not provided by Permobil.</i>	\$281.00
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Accessories

MX2-986	Universal Padded Handle	\$22.00
MX2SD-BAG	Carrying Bag	\$84.00
MX2-994	Roller Replacement Kit	\$249.00
PT1SD-P080	USB Power Bank <i>2600 mAh capacity.</i>	\$22.00

Additional Order Instructions (for Permobil):

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 powered wheelchairs 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 prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty. The 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.