

SEATING + POSITIONING

TO BE COMPLETED BY PERMOBIL:  CUSTOMER SUPPORT REPRESENTATIVE
Line No.
Order No.

## **AGILITY® Custom Back Support ORDER FORM**

PICK HARDWARE  Quick Release	Visit <b>seating.custom.permobil.com</b> to customize your backrest.		
Fixed	<b>20"</b> Width x <b>10"</b> Length	AGILITY Minimum Contour	
Direct Mount w/o UniTrack FOR PERMOBIL POWER WHEELCHAIRS ONLY			
2 CELL HEIGHT  Number each cell with desired cell height.  X No Cell  1 1" or 2.5 cm		F G H I J K	
<ul> <li>2 LOW PROFILE® (2.25"/5.5 cm)</li> <li>3 MID PROFILE™ (3.25"/8.5 cm)</li> <li>4 HIGH PROFILE® (4.25"/10.5 cm)</li> </ul>	4 0 0 0 0 0		
<b>3</b> COMPARTMENTS  Circle and label groups of air cells to create separate compartments.	6 0 0 0		
GROUP #1- MID RIGHT  1 2 2  MID RIGHT  VALVE	ВОТ	TOM	
	ORDER DATE Quote	□ PO#	
4 INFLATION VALVES	Provider/Distributor Name:		
Draw in the air valve location for	Account #:		
ch separate compartment OR Let ROHO choose the air	Shipping Address:		
valve location.	Contact:		
SPECIAL NOTES? g: I only need the cell pad, or	Phone:Email:		
additional cover or other products needed) Explain here:	Billing Address:		