



Order form

Comfort Ascent cushion



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):

NOTE | Refer to reference pages at end of order form for additional information and images.

Ascent Cushion

HCPCS coding: E2603/E2604 Skin protection cushion. Part number: AC-GF-WWDD

Includes Comfort-Tek cover

Depth	20"	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 372.00	☐ \$ 557.00	☐ \$ 372.00
	19"	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 557.00	☐ \$ 557.00	☐ \$ 557.00
	18"	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 372.00	☐ \$ 557.00	☐ \$ 372.00
	17"	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00	☐ \$ 446.00				
	16"	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 298.00	☐ \$ 446.00	☐ \$ 446.00				
		16"	17"	18"	19"	20"	21"	22"	23"	24"
Width										

Additional cover options | Optional

- | | | |
|---|--|-----------|
| ☐ BINC-AC-xxWyyD | Incontinence Liner
For extra incontinence protection | \$ 71.00 |
| ☐ AC-xxWyyD-CV | Extra Comfort-Tek cover | \$ 107.00 |

Cushion accessories

Refer to reference pages for details and images.

Removable solid seat pan & hardware	☐ RSSP-1-WWDD	E2231	\$ 440.00
Rigid insert	☐ Rigid insert glued (RIDWWDD) ☐ Rigid insert not glued (RIDWWDD)	E0992	\$ 78.00

BodiLink® pelvic/thigh support hardware and pads

Premium pad shape & size | Priced per pad.

Left Must enter the number of pads needed		Right Must enter the number of pads needed	
3.5"L x 4"D	☐ BL-LPTSP2Z-3L4D-LH	☐ BL-LPTSP2Z-3L4D-RH	E0956 \$ 72.00
3.5"L x 8"D	☐ BL-LPTSP2Z-3L8D-LH	☐ BL-LPTSP2Z-3L8D-RH	E0956 \$ 72.00
3.5"L x 12"D	☐ BL-LPTSP2Z-3L12D-LH	☐ BL-LPTSP2Z-3L12D-RH	E0956 \$ 72.00
5.5" x 6"D	☐ BL-LPTSP2Z-5L6D-LH	☐ BL-LPTSP2Z-5L6D-RH	E0956 \$ 72.00

Premium pad cover options | Required, must enter number of covers needed and match number of pads selected. Includes foam insert.

☐ LPTS-P2-COMFORT-FM	COMFORT-TEK For fluid protection & an easily cleaned surface	NC
	☐ Left ☐ Right	
☐ LPTS-P2-STRETCH-FM	STRETCH-AIR For comfort & heat dissipation	NC
	☐ Left ☐ Right	
☐ LPTS-P2-GLIDE-FM	GlideWear For skin protection & shear reduction. NOT fluid resistant.	\$ 15.00
	☐ Left ☐ Right	

Premium pad hardware options | Required, must match number of pads selected. If selecting power mount hardware, must choose power chair mounting option.

	Small Recommended cushion thickness: 2.0"-3.0"	Medium Recommended cushion thickness: 3.0"-4.5"	Large Recommended cushion thickness: 4.0"-6.5"	
TT hardware, slot mount				
Fixed-Left	☐ BL-LPTS-TT1FXSL1-LH	☐ BL-LPTS-TT1FXSL2-LH	☐ BL-LPTS-TT1FXSL3-LH	\$ 161.00
Fixed-Right	☐ BL-LPTS-TT1FXSL1-RH	☐ BL-LPTS-TT1FXSL2-RH	☐ BL-LPTS-TT1FXSL3-RH	\$ 161.00
Removable-Left	☐ BL-LPTS-TT1RMSL1-LH	☐ BL-LPTS-TT1RMSL2-LH	☐ BL-LPTS-TT1RMSL3-LH	E1034 \$ 282.00
Removable-Right	☐ BL-LPTS-TT1RMSL1-RH	☐ BL-LPTS-TT1RMSL2-RH	☐ BL-LPTS-TT1RMSL3-RH	E1034 \$ 282.00
TT hardware, power mount				
Fixed-Left	☐ BL-LPTS-TT1FXPWL1-LH	☐ BL-LPTS-TT1FXPWL2-LH	☐ BL-LPTS-TT1FXPWL3-LH	\$ 211.00
Fixed-Right	☐ BL-LPTS-TT1FXPWL1-RH	☐ BL-LPTS-TT1FXPWL2-RH	☐ BL-LPTS-TT1FXPWL3-RH	\$ 211.00
Removable-Left	☐ BL-LPTS-TT1RMPWL1-LH	☐ BL-LPTS-TT1RMPWL2-LH	☐ BL-LPTS-TT1RMPWL3-LH	E1034 \$ 324.00
Removable-Right	☐ BL-LPTS-TT1RMPWL1-RH	☐ BL-LPTS-TT1RMPWL2-RH	☐ BL-LPTS-TT1RMPWL3-RH	E1034 \$ 324.00
Power mount option	☐ Quantum w/ Corpus 3G (LPTS-TT-PW1)	☐ Permobil w/ Corpus 3G (LPTS-TT-PW2)		NC
	☐ Quickie w/ 3.7 Power (LPTS-TT-PW3)	☐ Rovi w/ Motion Concepts (LPTS-TT-PW4)		
	☐ Avid Rehab w. Power T & R (LPTS-TT-PW5)			

Additional options

- ☐ BI-LPTS-TT1LARM4 **TT long extension arm, 4"** \$ 43.00
Price per arm
- ☐ Left ☐ Right ☐ Extra left ☐ Extra right

Bodilink® medial knee/thigh support hardware and pads

Pad shape & size | Price per pad.

2.5"W x 3.5"D	Wedge	Oval	
3.5"W x 5"D	☐ BL-MKTSP1-3W4D	☐ BL-MKTSP2-3W4D	E0957 \$ 148.00
4"W x 6"D	☐ BL-MKTSP1-4W5D	☐ BL-MKTSP2-4W5D	E0957 \$ 148.00
5"W x 6"D	☐ BL-MKTSP1-4W6D		E0957 \$ 148.00
		☐ BL-MKTSP2-5W6D	E0957 \$ 148.00

Pad cover options | Required, choose one.

- ☐ MKTSP-COMFORT **COMFORT-TEK** NC
For fluid protection, an easily cleaned surface
- ☐ MKTSP-STRETCH **STRETCH-AIR** NC
For comfort and heat dissipation
- ☐ MKTSP-GLIDE **GlideWear** \$ 15.00
For skin protection & shear reduction. NOT fluid resistant

Swing away hardware

- ☐ BL-MKTS-ST1SASL1 **Small** E1028 \$ 205.00
Recommended inferior thigh thickness: 1.0"-3.0"
- ☐ BL-MKTS-ST1SASL2 **Medium** E1028 \$ 205.00
Recommended inferior thigh thickness: 2.0"-5.0"
- ☐ BL-MKTS-ST1SASL3 **Large** E1028 \$ 205.00
Recommended inferior thigh thickness: 3.0"-7.0"

Additional Order Instructions (for Permobil):

Notes & Comments (not for Permobil):

Order Policy:

You are highly encouraged to contact Permobil Sales with ANY questions regarding proper completion of our order forms at 1-800-736-0925. The order cannot be processed without the following:

- The client's name or code
- The order form must also be signed by a person authorized by your company to acknowledge the items selected. Permobil is not responsible for configuration or size discrepancies resulting from customer errors on the order form.
- Order confirmations will be provided by Permobil summarizing the items selected. Please review this carefully.
- Once the order is shipped, any changes are subject to the returns policy and may be prohibited.

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 seating and positioning products 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: _____

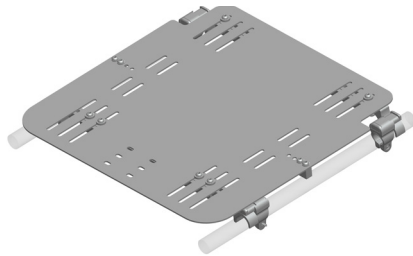
NOTE: All specifications and prices are subject to change without notice. Please note that prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty. The HCPCS codes provided are not intended to be billing 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.

References

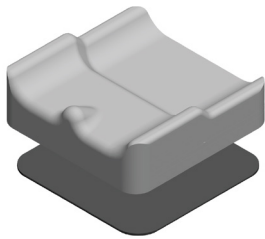
Section 1 | Cushion accessories

Removable seat pan kit (includes hardware)

Includes a slotted aluminum pan and attaching hardware to accommodate 7/8" or 1" tubing. Kit includes two different cross bars to accommodate various wheelchair frame types. This will fit both folding and non-folding seat rails. Lateral and medial thigh support hardware can easily be attached.



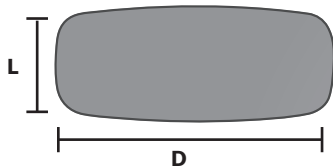
Rigid insert
3/16" rigidizing board.



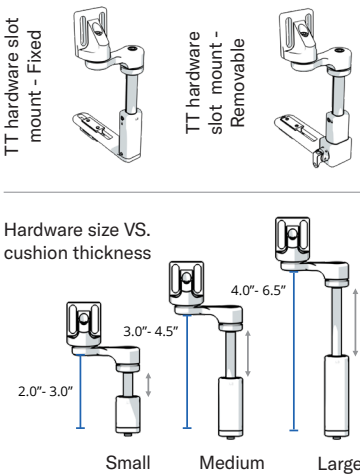
Section 2 | Bodilink lateral/pelvic thigh supports

Premium pad size/shape

Length(L) refers to the actual size dimension of the support from top to bottom edge.
Depth(D) refers to the actual size dimension from anterior to posterior edge

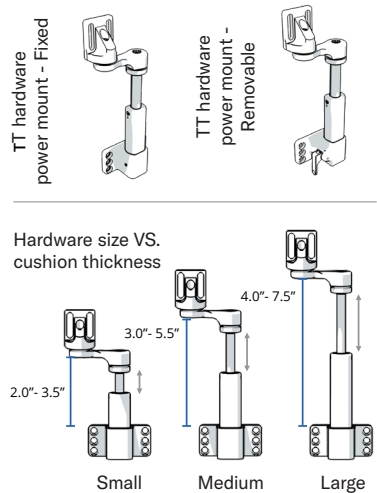


Bodilink lateral/pelvic thigh support hardware: Slot mount



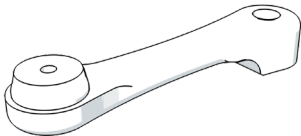
Hardware size	Max cushion thickness clearance	Recommended cushion thickness
Small	3.0"	2.0" - 3.0"
Medium	4.5"	3.0" - 4.5"
Large	6.5"	4.0" - 6.5"

Bodilink lateral/pelvic thigh support hardware: Power mount



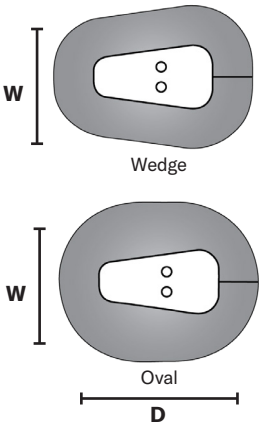
Hardware size	Max cushion thickness clearance	Recommended cushion thickness
Small	3.5"	2.0" - 3.5"
Medium	5.5"	3.0" - 5.5"
Large	7.5"	4.0" - 7.5"

TT long extension arm 4"

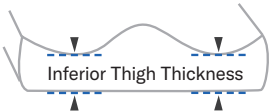
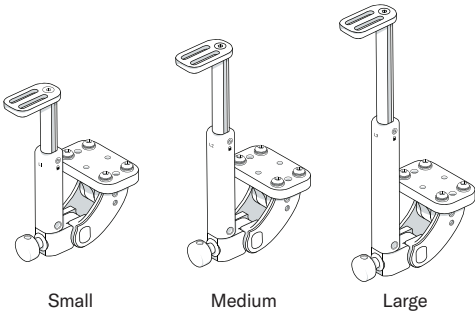


Section 3 | Bodilink medial knee/thigh supports

Premium pad size/shape



Swing-away hardware



Size	Recommended inferior thigh thickness
Small	1.00" - 3.00"
Medium	2.00" - 5.00"
Large	3.00" - 7.00"