

SEATING + POSITIONING

AGILITY® Cus	stom Back S	Support O	RDER FORM

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

AGILITY® Custom Back Sup	port ORDER FORM	Order No.			
PICK HARDWARE Quick Release	Visit seating.custom.permobil.com to customize your backrest.				
Fixed	16" - 17" Width x 16 '	' Length	AGILITY Max Contour		
Direct Mount w/ UniTrack FOR PERMOBIL POWER WHEELCHAIRS ONLY	TOP				
2 CELL HEIGHT Number each cell with desired cell height.	1 A B C D	E F G H	J K L M N		
× 1 2 3 4 >	2 (
 X No Cell 1 1" or 2.5 cm 2 LOW PROFILE® (2.25"/5.5 cm) 3 MID PROFILE™ (3.25"/8.5 cm) 4 HIGH PROFILE® (4.25"/10.5 cm) 	4 0 0 0 5 0 0 0 0				
3 COMPARTMENTS Circle and label groups of air cells to create separate compartments.	7 0 0 0 0				
GROUP #1 - MID RIGHT	9 0 (
[] 2 2 MID RIGHT		BOTTOM	1		
VALVE	ORDER DATE	Quote P	PO#		
4 INFLATION VALVES	Provider/Distributor Name:				
Draw in the air valve location for each separate compartment OR	Account #:				
Let ROHO choose the air valve location. 5 SPECIAL NOTES? (Eg: I only need the cell pad, or additional cover or other products needed) Explain here:					
	Contact:				
	Billing Address:				