Order form

Comfort Curve cushion



Dealer Name*: Account #*:

City, Province, Postal Code*:

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 imformation and images.*

Curve Cushion

Highlighted box indicates quick ship is available in this size

Depth	8”	9”	10”	11”	12”	13”	14”	15”	16”	17”	18”	19”	20”	21”	22”	23”	24”
20”								☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $304.00	☐ $304.00	☐ $304.00	☐ $304.00
19”								☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $304.00	☐ $304.00	☐ $304.00	☐ $304.00
18”							☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $304.00	☐ $304.00	☐ $304.00	☐ $304.00
17”						☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $304.00	☐ $304.00	☐ $304.00	☐ $304.00
16”					☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $304.00	☐ $304.00	☐ $304.00	☐ $304.00
15”			☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00						
14”			☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00								
13”		☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00										
12”	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00										
11”	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00										
10”	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00										
9”	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00	☐ $177.00												
8”	☐ $177.00	☐ $177.00	☐ $177.00														

Width

Cover and liner options

☐	CU-FV-WWDD	**COMFORT-TEK ®** *For fluid protection, an easily cleaned surface*	NC
☐	CU-SV-WWDD	**STRETCH-AIR ®** *For comfort and heat dissipation*	NC
☐	INCON-LINER	**Incontinence liner (on cushion)** *For extra incontinence protection*	$56.00

Additional cover and liner options | *Optional*

One extra outer cover	☐ COMFORT-TEK (CU-FV-WWDD-CV)	☐ STRETCH-AIR (CU-XV-WWDD-CV)	$132.00
Two extra outer covers	☐ COMFORT-TEK (CU-FV-WWDD-CV)	☐ STRETCH-AIR (CU-XV-WWDD-CV)	$264.00

☐	BINC-CU-xxWyyD	**One extra incontinence liner**	$126.00
☐	BINC-CU-xxWyyD	**Two extra incontinence liners**	$252.00

Cushion accessories

Refer to reference pages for details and images.

☐	RSSP-1-WWDD	**Removable solid seat pan & hardware**	$690.00

Rigid insert	☐ Rigid insert glued (RIDWWDD)	☐ Rigid insert not glued (RIDWWDD)	$96.00

Additional Order Instructions (for Permobil):

Notes & Comments (not for Permobil):

Chair 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 and the client's weight
- 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 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: _____

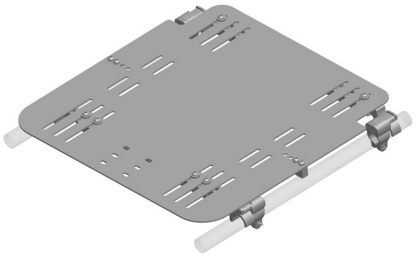
Date: _____

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.

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.

