



Order form

Comfort Elements® back support



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):

Elements® Back Support

HCPCS coding: E2611/E2612 General use back. All widths listed are available in 16" length.

☐	ELB-BS1521W16L	Fits 15" - 21" wheelchair frame widths	\$445.00	E2611
☐	ELB-BS2225W16L	Fits 22" - 25" wheelchair frame widths	\$606.00	E2612

Cover | *Required, choose one.*

☐	COMFORT-TEK	COMFORT-TEK® <i>For fluid protection, an easily cleaned surface</i>	NC
☐	STRETCH-AIR	STRETCH-AIR® <i>For comfort and heat dissipation</i>	NC

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.