

AGILITY® Custom Back Support ORDER FORM

TO BE COMPLETED BY PERMOBIL:
CUSTOMER SUPPORT REPRESENTATIVE

Line No.

Order No.

1 PICK HARDWARE

- Quick Release
- Fixed
- Direct Mount w/ UniTrack
FOR PERMOBIL POWER WHEELCHAIRS ONLY

2 CELL HEIGHT

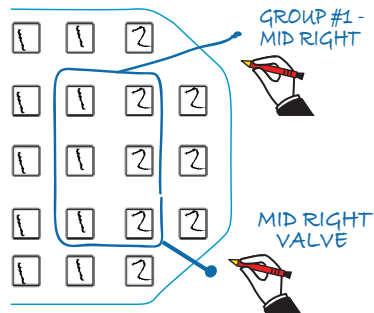
Number each cell with desired cell height.



- X No Cell
- 1 1" or 2.5 cm
- 2 LOW PROFILE® (2.25" / 5.5 cm)
- 3 MID PROFILE™ (3.25" / 8.5 cm)
- 4 HIGH PROFILE® (4.25" / 10.5 cm)

3 COMPARTMENTS

Circle and label groups of air cells to create separate compartments.



4 INFLATION VALVES

Draw in the air valve location for each separate compartment OR

- 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:

Visit seating.custom.permobil.com to customize your backrest.

19" - 20" Width x 16" Length **AGILITY Minimum Contour**

	TOP										
	A	B	C	D	E	F	G	H	I	J	K
1				○	○	○	○	○			
2			○	○	○	○	○	○	○		
3		○	○	○	○	○	○	○	○	○	
4	○	○	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○	○	○
9		○	○	○	○	○	○	○	○	○	
10			○	○	○	○	○	○	○		
	BOTTOM										

ORDER DATE _____ Quote PO# _____

Provider/Distributor Name: _____

Account #: _____

Shipping Address: _____

Contact: _____

Phone: _____ Email: _____

Billing Address: _____