Order form

ROHO® LOW PROFILE® Single Compartment 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):

ROHO® Cushions | *Cushions unless otherwise noted: include cover, pump, repair kit, and operating instructions. Full neoprene products have no weight limit if appropriately sized to the individual. Refer to reference pages at end of order form for additional information and images.*

LOW PROFILE™ Single Compartment Cushion

HCPCS coding: E2622/E2623 Adjustable skin protection cushion. Part number: 1RWWDDLPC

Depth	12" (6 cells)	13" (7 cells)	14" (8 cells)	16" (9 cells)	18" (10 cells)	20" (11 cells)	22" (12 cells)	24" (13 cells)
20" (11 cells)				☐ $534	☐ $534	☐ $534		
18" (10 cells)			☐ $534	☐ $534	☐ $534	☐ $534	☐ $594	☐ $594
16" (9 cells)		☐ $534	☐ $534	☐ $534	☐ $534	☐ $534		
14" (8 cells)		☐ $534	☐ $534	☐ $534	☐ $534			
13" (7 cells)	☐ $534	☐ $534	☐ $534					
12" (6 cells)	☐ $534							

Width

Note: 10" = 5 cells, 11"-12" = 6 cells, 13" = 7 cells, 14"-15" = 8 cells, 16"-17" = 9 cells, 18"-19" = 10 cells, 20"-21" = 11 cells, 22" = 12 cells, 23"-24" = 13 cells, 25" = 14 cells, 26"-27" = 15 cells.

Additional sizes available:

☐	1RSMLPC	**Non Stock Small Sizes (11 cells wide / 20” wide or less)** *Enter the WW x DD in inches: ”*	$534	E2622
☐	1RLGLPC	**Non Stock Large Sizes (12 cells wide / 22” wide or greater)** *Enter the WW x DD in inches: ”*	$624	E2623

ROHO Contour Base

Use with sling seat

☐	BASE1313	**13.25” wide x 13” deep (33.5 cm x 33 cm)**	$67
☐	BASE1515	**15.25” wide x 15” deep (38.5 cm x 38.5 cm)**	$67
☐	BASE1715	**17” wide x 15.25” deep (43 cm x 38.5 cm)**	$67
☐	BASE1717	**17” wide x 17.5” deep (43 cm x 44.5 cm)**	$67

ROHO Planar Solid Seat Insert

Part number: SIWWDD. Use with any seat.

No weight limit if properly sized to the cushion and individual.

Length	12”	14”	15”	16”	17”	18”	20”	24”
24”						☐ $56	☐ $56	☐ $56
22”						☐ $56	☐ $56	
20”				☐ $56		☐ $56	☐ $56	
18”				☐ $56	☐ $56	☐ $56		
17”			☐ $56	☐ $56	☐ $56			
16”		☐ $56	☐ $56	☐ $56				
15”		☐ $56	☐ $56					
14”	☐ $56	☐ $56						
12”	☐ $56							

Width

Cushion accessories

ROHO Privacy shield

☐	PS14	**10” width x 14” height** *Fits wheelchair sizes 13” -15”*	$65
☐	PS16	**13” width x 14” height** *Fits wheelchair sizes 15.5” width -17”*	$65
☐	PS18	**15” width x 14” height** *Fits wheelchair sizes 17.5” -19”*	$65
☐	PS20	**17” width x 14” height** *Fits wheelchair sizes 19.5” - 21”*	$65

Other options

☐	HP45	**ROHO Inflation Pump**	$10

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. 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 sizing key*

Chair size (in)	Chair size (cm)	Number of cells
10	25.5	5
11 - 12	28 - 30.5	6
13	33	7
14 - 15	35.5 - 38	8
16 - 17	40.5 - 43	9
18 - 19	45.5 - 48	10
20 - 21	51 - 53.5	11
22	56	12
23 - 24	58.5 - 61	13
25	63.5	14
26 - 27	66 - 68.5	15

ROHO® cell heights

HIGH profile: 4.25”

MID profile: 3.25”

LOW profile: 2.25”

Section 2 | *Product images*

