LapStacker® Order Form

permobil

Date:		Ship to:		
PO #:		Address:	Address:	
Mark for:		Address:		
Ordered by:		City:	State:	
Organisation:		ZIP:	Country:	
Phone:		Shipping Phone:		
Email:		Shipping Notes:		
	POWER WHEELCHAIR			
	Wheelchair Make:	Wheelchair Model:		
	No further details required			
	MANUAL WHEELCHAIR			
	Wheelchair Make:	Wheelchair Model:		
	Please continue below			
	Keeper Style - please select one			
	Image: constraint of the second sec		eeper p-Fit Mount nm) Top Frame Tube or irectly under top tube	

Retractor Location - please select one



Frame Top Tube (90 Bracket)



Front Vertical Frame Tube (Flat Bracket)

Mount from the brake shaft Uses 90 bracket and typically a ³/₄" clamp



Cross Frame Rigidizer Bar (Cross Tube Bracket)



Lower Horizontal Frame Tube (90 Bracket)

Clamp Size - please select one

(Based on the tube diameter of the Retractor Location selected above)

3/4" (19mm)

22mm

1" (25mm)

1 1⁄8"

30mm

1 1⁄4"

1 ¾"

Progeo Noir 2.0

Quickie Oval

Other - please specify

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