

ELEMENTS® Back Support Order Form

HCPCS CODING: E2611/E2612
GENERAL USE BACK

Since U.S. Medicare coding is subject to change, the provider should always confirm the HCPCS code and coverage criteria as part of the client assessment process.



permobil

SEATING + POSITIONING

Company Name/ACCT #: _____

P.O. Number: _____

Requested By: _____

Phone: _____ Fax: _____

Email: _____

Ship To: _____

Client Reference: _____

For best results, do not fill out in your browser. Interactive form should be completed using Adobe Reader after saving to your local drive. Then email or print and fax to Customer Support at orders.comfort@permobil.com or 1.406.522.8563.

DO NOT SEND PROTECTED HEALTH INFORMATION. IT IS NOT NEEDED TO MAKE THE PRODUCT YOU ARE REQUESTING.

1 SIZE SELECTION

Required

*Length (L) refers to the actual size dimension of the support from bottom to top edge.

PART NUMBER & MSRP BY SIZE

LENGTH*	16"	ELB-BS1521W16L \$365.00	ELB-BS2225W16L \$497.00
		15" - 21"	22" - 25"
WC FRAME WIDTHS			

IF DESIRED SIZE IS NOT LISTED, PLEASE CONTACT CUSTOMER SUPPORT FOR ASSISTANCE. | 800.564.9248

2 COVER SELECTION

Required

Both fabrics are made without latex. Fabric selection is for the support surface only. Other fabrics used in cover construction remain the same.



COMFORT-TEK® is a smooth, easily cleaned surface. The fluid protection aids in infection control.



STRETCH-AIR® has comfortable stretch, air transmission and heat dissipation. It is not fluid resistant.

COMFORT-TEK Cover
(COMFORT-TEK)

STRETCH-AIR Cover
(STRETCH-AIR)

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