



Order form

Explorer Mini



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):

Chair Model

Front-wheel drive Explorer Mini power base includes: nVR2 joystick, tray table with magnetic top, integrated back support with cushion, removable seat, 5 Ah batteries (pair), charger and decorative sticker kits.

108237-99-0

Explorer Mini

FWD prescription only medical device, max speed: 1.5 mph, max user height: 39", weight capacity: 35 lb

\$2,944.00

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.