

2019-04-08



Date :	P.O.#:
Made for (client) Last name:	First name:
Ordered by :	
Establishment :	
Address :	
Phone :	Fax :

CONFIRM ORDER BY E-MAIL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBSCRIBE TO PHYSIPRO NEWSLETTER	Yes <input type="checkbox"/>	No <input type="checkbox"/>
YOUR EMAIL ADDRESS		



The AXIS can be continually adjusted to the most appropriate position over the course of a progressive illness or when postural abnormalities increase. The Axis innovative strapping system allows you to create a lumbar support. With the same mechanism used for the lumbar support its possible to create an outward projection to obtain a kyphosis profile.

- D5209 Axis \$395**
- D5211: Axis with velcro \$415** (allow to install thoracic support or wedges)

SIZES

WIDTH	<input type="checkbox"/> 12"	<input type="checkbox"/> 13"	<input type="checkbox"/> 14"	<input type="checkbox"/> 15"	<input type="checkbox"/> 16"	<input type="checkbox"/> 17"	<input type="checkbox"/> 18"	<input type="checkbox"/> 19"	<input type="checkbox"/> 20"	<input type="checkbox"/> 21"	<input type="checkbox"/> 22"
HEIGHT	<input type="checkbox"/> 12"	<input type="checkbox"/> 13"	<input type="checkbox"/> 14"	<input type="checkbox"/> 15"	<input type="checkbox"/> 16"	<input type="checkbox"/> 17"	<input type="checkbox"/> 18"	<input type="checkbox"/> 19"	<input type="checkbox"/> 20"	<input type="checkbox"/> 21"	<input type="checkbox"/> 22"

Please note that for a height or width greater than 22", an additional charge of \$126 will apply.

Customize size\$126

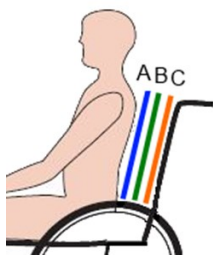
(Note : The maximum size is 24" wide.)

Width: _____" Height: _____"

(outside measurements) (measured from under the handles to the seat rail.)

PD50715 Incontinent Cover.....90\$

FOAM CHOICE

D5204	Urethane (Neocor) 1" Standard Foam.....n/c	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cushion Customization If you chose no, enter the production order (A, B, C) in the selected foam spaces. <input type="checkbox"/> D5202 Additional charge of \$126 in addition to the foams cost.				
Reference number	Foam	Price	Order	
VR10084C	Urethane ½"	\$ 12		
VR10077	Urethane 1"	\$ 24		
VR10074	Viscose ½"	\$ 35		
Reference number	Foam	Price	Order	
SBS-5	Stimulite 1"	\$ 291		
VR10110C	Sunmate soft ½"	\$ 51		
VR10091C	Sunmate soft 1"	\$ 87		
VR10073	Viscose 1"	\$ 55		
VR10085C	Latex 1"	\$ 32		

FIPS

Sunmate extra-soft	1/2 unit : BP-0.5U-XS \$140	<input type="checkbox"/>	1 unit : BP-1U-XS \$225	<input type="checkbox"/>
Sunmate soft	1/2 unit : BP-0.5U-S \$140	<input type="checkbox"/>	1 unit : BP-1U-S \$225	<input type="checkbox"/>
Sunmate medium	1/2 unit : BP-0.5U-M \$140	<input type="checkbox"/>	1 unit : BP-1U-M \$225	<input type="checkbox"/>
Additional Lycra cover D5212	\$203	<input type="checkbox"/>		

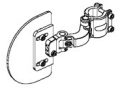
LUMBAR AND THORACOLUMBAR SYSTEM

Easy to install on the backposts
Will properly fit ¾" and 1" tubing diameter.



D38699
\$210

HARDWARE OPTIONS



FIXED TO THE WHEELCHAIR CANE
\$144 each (fixed hardware only)
 Will properly fit ¾" and 1" tubing diameter.

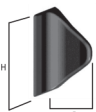
Product #	L	Product #	R
DVMG		DVMD	

Width between the laterals
 Max. = Overall Wheelchair Width
 Min. = Overall Wheelchair Width - 8"

PAD OPTIONS

STRAIGHT						PROFIED									
\$92 each 						\$92 each 									
												Product #	L	size	R
DV001G		4" H x 4" D		DV001D	n/a	DVP001G		4" H x 4" D		DVP001D	n/a				
DV002G		6" H x 4 ½" D		DV002D	1 ½" adjustable in height	DVP002G		6" H x 4 ½" D		DVP002D	1 ½" adjustable in height				
DV003G		7" H x 4 ½" D		DV003D	1 ½" adjustable in height	DVP003G		7" H x 4 ½" D		DVP003D	1 ½" adjustable in height				
DV004G		8" H x 4 ½" D		DV004D	2 ½" adjustable in height	DVP004G		8" H x 4 ½" D		DVP004D	2 ½" adjustable in height				
DV005G		8" H x 5 ½" D		DV005D	2 ½" adjustable in height	DVP005G		8" H x 5 ½" D		DVP005D	2 ½" adjustable in height				
DV006G		10" H x 4 ½" D		DV006D	2 ½" adjustable in height	DVP006G		10" H x 4 ½" D		DVP006D	2 ½" adjustable in height				
DV007G		10" H x 5 ½" D		DV007D	2 ½" adjustable in height	DVP007G		10" H x 5 ½" D		DVP007D	2 ½" adjustable in height				
CUSTOMIZATION \$126 PLEASE INDICATE YOUR MEASUREMENTS (HEIGHT/DEPTH)						CUSTOMIZATION \$126 PLEASE INDICATE YOUR MEASUREMENTS (HEIGHT/DEPTH)									
DVTG	L	H:	D:	R	DVTR	H:	D:	DVTD	L	H:	D:	R	DVTG	H:	D:

LATERALS FOR BACK WITH VELCRO AEH (ANTI HAMMOCK EFFECT) *



Product #	Size	L	R
D3995 \$148/ea.	5 ½" H x 14 ½" D		
D4005 \$148/ea.	6 ½" H x 14 ½" D		

* Width between the laterals : Max. = Overall Wheelchair Width / Min. = 12"

BOOSTER CUSHION

Designed according to the backrest size selected.
 Made of ½" Urethane, it provides pressure distribution over the entire surface of the cushion.



- D4045 12" width.....\$132
- D4050 14" width.....\$132

HEADREST SUPPORT

- Straight AT5115 \$187



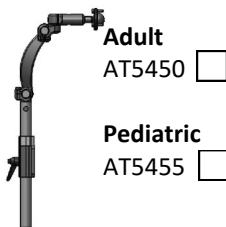
Simple Pad

- Deported AT5120 \$209



Adjustable Lateral

- Symbio \$313



Adult

AT5450

Pediatric

AT5455



\$220



\$326

- AT5000 : 7" x 4"
- AT5005 : 8" x 5"
- AT5010 : 9" x 6"

- Headrest
- AT5060 : 5" x 4 ½" Extended lateral 3 ½" x 5"
- AT5070 : 6" x 5 ½" 4" x 6"

INTERNAL HEADREST SUPPORT WITH MOUNTING FIXTURE



\$285

- AT5140 3/4"
- AT5145 13/16"
- AT5150 7/8"
- AT5155 1"

TENSION BAR



\$181

- D3895 14"
- D3900 16"
- D3905 18"
- D3910 20"

NOTES