

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


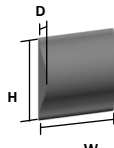
CONFIRM ORDER BY E-MAIL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBSCRIBE TO PHYSIPRO NEWSLETTER	Yes <input type="checkbox"/>	No <input type="checkbox"/>
YOUR EMAIL ADDRESS		

INCLUDED : Aluminum backrest, cushion and 2 point anchoring system with quick release.

FOAM CUSHION: ½" Sun-Mate Soft, ½" Viscose and 3/8" AeroLite



PRODUCT #	HCPCS	BACKREST SIZES		ASSOCIATED CHAIR WIDTH	MSRP	CHOICE
		WIDTH	HEIGHT			
HPS12	E2613	12"	9"	12 to 13"	\$652	<input type="checkbox"/>
HPS14	E2613	14"	9"	14 to 15"	\$652	<input type="checkbox"/>
HPS16	E2613	16"	9"	16 to 17"	\$652	<input type="checkbox"/>
HPS18	E2613	18"	9"	18 to 19"	\$652	<input type="checkbox"/>

BACKREST COVER				ANCHORING MECHANISM	CHOICE
	Description	HPS1C	HPS2C	Fixed	<input type="checkbox"/>
	Top	Black	Red	Removable	<input type="checkbox"/>
	Bottom	Black	Black		
	CHOICE	<input type="checkbox"/>	<input type="checkbox"/>		
Extra cover with initial purchase \$203				<div>  </div> <div> <p>Height: 8"</p> <p>Depth: <input type="checkbox"/> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2"</p> <p>Width: <input type="checkbox"/> 7 ½" <input type="checkbox"/> 9 ½"</p> </div>	
				Choose this option at no extra charge	

NOTES

*The HCPCS CODES provided are based on code verification through PDAC or our interpretation of the code definitions.
The use of HCPCS CODES does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.*