

USA ORDER FORM PREMIUM BACK HCPCS E2611 / E2612



	1101 00 22022 / 22022			
Date :	P.O.#:	_		
Made for (client) Last name:	First name:			
Ordered by :				
Establishment :		CONFIRM ORDER BY E-MAIL	Yes	No 🗌
Address :		SUBSCRIBE TO PHYSIPRO NEWSLETTER	Yes	No 🗌
Phone :	Fax:	YOUR EMAIL ADDRESS		

Note: A zipper also offers the possibility to insert custom moulded shapes or Liquid SunMate Foam-in-Place-Seating (FIPS) system.

PLEASE SELECT YOU	R DESIRED PRE	міим Ва	CK SIZE AND	ENTER THE	WHEELCI	HAIR INFORMA	ATION	
PREMIUM BACK	PRODUCT#	HCPCS	DESCR	RIPTION	MSRI	•	BACKREST SIZE	
	□ D5206	E2611	Less than 2	2" width	\$1	97	9	Backrest height (measured from
	□ D5207	E2612	22" or grea	iter width	\$2	17		under the handles to the seat rail.)
BASE FOAM CHOICE								
VR10077 🔲 Ure	ethane 1" (Cho	oose this o	ption at no e	xtra charge))			
Extra Comfort Foam varying level of comf		mbination	of various fo	ams densiti	es provid	2		
D5202 Cushion	Customization	fees			\$5	3		
VR10091 🔲 Sunma	ate soft 1"	.\$85 VR1	0110 🔲 Sui	nmate soft 3	⁄2"\$8 <u>!</u>	5 W	idth	
VR10093 ☐ Temper T-36 1" \$190 VR10111 ☐ Temper T-36 ½"\$190) (0	utside measurements)	
VR10073 ☐ Viscos	e 1"	\$56 VR1	0074 🔲 Vis	cose ½"	\$56	5		
LATERALS	PRODUCT#	HCPCS	SIZES	LEFT	RIGHT	MSRP	THORACIC SUPPOR	RT—REFERENCE TABLE
ADJUSTABLE LATERALS				·	•		X-Small	Small
	□ D3851	E0956	X-Small			\$118 each		4½"
	□ D3852	E0956	Small			\$118 each	▲	A
	□ D3853	E0956	Medium			\$118 each	₽ T P	<u>.</u>
446	□ D3854	E0956	Large			\$118 each	†	*
ADJUSTABLE AND SWING	G-AWAY LATERAL	s		l .			Medium	Large
	□ D5448	E1028 + E0956	X-Small			\$168 each	□ 4½" or □ 5½"	4½" or 5½"
	□ D5447	E1028 + E0956	Small			\$168 each	. ₩	-p
	□ D5446	E1028 +	+ Medium			\$168 each		

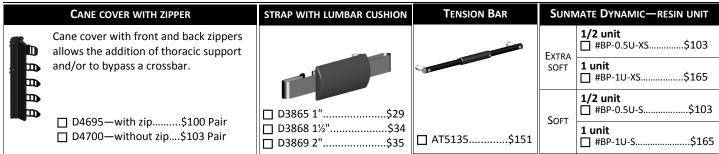
PREMIUM BACK OPTIONS

E0956

E1028

+ Large

□ D5445



\$168 each

*Measurements include cushionning

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.