

USA ORDER FORM BRIO SEAT CUSHIONS



Date : Made for (client) Last name:	P.O.#: First name:							_			
Made for (client) Last name:	First name:										
	First name:										
Ordered by :											
Establishment :			ſ	CONFIRM O	RDER B	Y E-MA	AIL		Yes]	No 🗌
Address :				SUBSCRIBE 1	ГО РНҮ	SIPRO I	NEWSLE [*]	TTER	Yes		No 🗌
Phone :	Fax:			YOUR EMAIL ADDRESS							
	CUSHION S	SIZES									
Width ☐ 14" ☐ 15" ☐ 16" ☐ 17" ☐	18" 🛮 19" 🗘 20	0" 21"		□ 22"	□ 2	3" [24	" 🗆	25"		26"
Depth 14" 15" 16" 17"	18" 🗆 19" 🗀 20	0" 21	."	□ 22"	□ 2	3" [24 '	· 🗆	25"		26"
1/2" or 1/4" sizes: width" Depth_											
	INSTALLATION	CHOICE									
☐ Canvas Seat ☐ Hard Seat											
☐ S2980 ABS Rei	nforcement\$54										
PHYSIPRO SEAT CUSHIONS PRODUCT# HCP	CS			Description	on					١	/ISRP
RRin S3100 E2603	Less than 22" wi	Less than 22" width									\$241
☐ S3105 E2604								\$241			
□ S2951 N/A	Replacement Co	Replacement Cover									\$93
□ S2953 N/A	er Cover									\$58	
											_
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.