

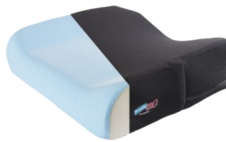



Date :	P.O.#:
Made for (client) Last name:	First name:
Ordered by :	
Establishment :	
Address :	
Phone :	Fax :

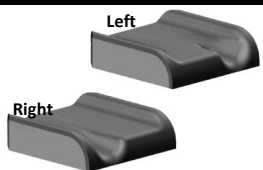
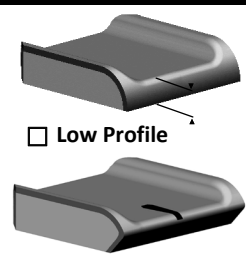
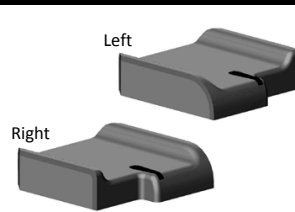
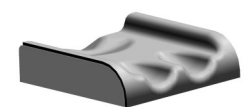
CONFIRM ORDER BY E-MAIL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBSCRIBE TO PHYSIPRO NEWSLETTER	Yes <input type="checkbox"/>	No <input type="checkbox"/>
YOUR EMAIL ADDRESS		

CUSHION SIZES													
Width	<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"	<input type="checkbox"/> 23"	<input type="checkbox"/> 24"	<input type="checkbox"/> 25"	<input type="checkbox"/> 26"
Depth	<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"	<input type="checkbox"/> 23"	<input type="checkbox"/> 24"	<input type="checkbox"/> 25"	<input type="checkbox"/> 26"
1/2" or 1/4" sizes: width _____" Depth _____"													

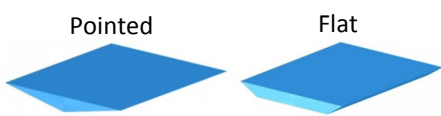
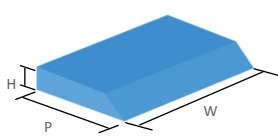
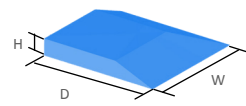
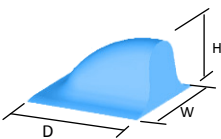
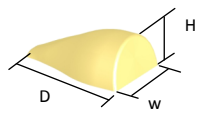
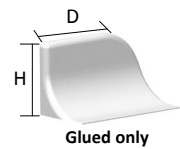
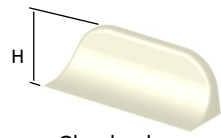
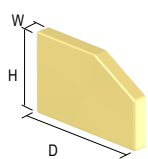
INSTALLATION CHOICE	
<input type="checkbox"/> Canvas Seat	<input type="checkbox"/> Hard Seat
<input type="checkbox"/> S2980 ABS Reinforcement.....\$54	

PHYSIPRO SEAT CUSHIONS	PRODUCT#	HCPCS	Description	MSRP
C3S  Thickness 3"	<input type="checkbox"/> S2985	E2603	Less than 22" width	\$273
	<input type="checkbox"/> S2987	E2604	22" or greater width	\$294
	<input type="checkbox"/> Replace latex by urethane at no extra charge			
	<input type="checkbox"/> S3000	N/A	Replacement Cover	\$93
ULTRA  Thickness 3"	<input type="checkbox"/> S1290	E2607	Less than 22" width	\$338
	<input type="checkbox"/> S1300	E2607	Less than 22" width (with gel insert)	\$634
	<input type="checkbox"/> S1295	E2608	22" or greater width	\$338
	<input type="checkbox"/> S1305	E2608	22" or greater width (with gel insert)	\$634
	<input type="checkbox"/> Soft Foam Density <input type="checkbox"/> Firm Foam Density			
ZERO-PRESSURE  Thickness 2 1/2"	<input type="checkbox"/> S1271	N/A	Replacement Cover	\$93
	<input type="checkbox"/> S1265	E2607	Less than 22" width	\$264
	<input type="checkbox"/> S1276	E2607	Less than 22" width (with gel insert)	\$560
	<input type="checkbox"/> S1269	E2608	22" or greater width	\$264
	<input type="checkbox"/> S1286	E2608	22" or greater width (with gel insert)	\$560
	<input type="checkbox"/> Soft Foam Density <input type="checkbox"/> Firm Foam Density			
LXA 	<input type="checkbox"/> S1270	N/A	Replacement Cover	\$93
	<input type="checkbox"/> S2455	N/A	Thickness 2"	\$442
	<input type="checkbox"/> S2456	N/A	Thickness 2 1/2"	\$448
	<input type="checkbox"/> S2458	N/A	Thickness 3"	\$455
	<input type="checkbox"/> S2459	N/A	Thickness 3 1/2"	\$461
	<input type="checkbox"/> S2996	N/A	20" or greater width	\$792
	Please select the desired thickness for 20" or greater width cushion: <input type="checkbox"/> 3" <input type="checkbox"/> 3 1/2" <input type="checkbox"/> 4" <input type="checkbox"/> 4 1/2"			
	<input type="checkbox"/> S2460	N/A	Replacement Cover	\$113

*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.*

CUSTOMIZED SHAPE—ADD \$49			
 <p>Lowered to the :</p> <p> <input type="checkbox"/> Right -½" <input type="checkbox"/> Left -½" <input type="checkbox"/> Right -1" <input type="checkbox"/> Left -1" <input type="checkbox"/> Right -1½" <input type="checkbox"/> Left -1½" </p>	 <p><input type="checkbox"/> Low Profile</p> <p><input type="checkbox"/> Front Wedge</p>	 <p> <input type="checkbox"/> Right -1" <input type="checkbox"/> Right -2" <input type="checkbox"/> Left -1" <input type="checkbox"/> Left -2" </p>	
<p>Hemiplegic patients Lowered on one side to keep the impaired limb elevated, creating a crural wedge so the foot of the functional limb can reach the floor to facilitate hand/foot propelling.</p>	<p>Front wedge / Low profile Reduce pressure behind the knees and hamstrings when the lower limbs are retracted.</p>	<p>Contoured Depth Pelvic rotation or hip dislocation can cause leg length inequality. A choice of contoured seat depths is available to accommodate these conditions and for propelling with just one leg.</p>	<p>Anatomic Relief of this cushion respects body shapes and thus increases the contact surface to reduce pressure. Low-profiled, its shape allows to put foot on the floor to facilitate propelling and acts like an abductor.</p>

*If you don't want a customized shape please skip this step.

BASE WEDGE	ANTI-THRUST WEDGE	PELVIC OBLIQUITY WEDGE
 <p> <input type="checkbox"/> S2685 Constructa foam Pointed.....\$40 <input type="checkbox"/> S2695 Constructa foam Flat.....\$39 GLUED <input type="checkbox"/> VELCRO <input type="checkbox"/> <u>Height</u> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2" <input type="checkbox"/> </p>	 <p> <input type="checkbox"/> S2670-3 All Sizes.....\$32 GLUED <input type="checkbox"/> VELCRO <input type="checkbox"/> <u>Height</u> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2" <input type="checkbox"/> </p>	 <p> <input type="checkbox"/> S2680 Constructa foam VELCRO.....\$38 <input type="checkbox"/> S2680 Constructa foam GLUED.....\$38 <input type="checkbox"/> S2675 Urethane.....\$33 <input type="checkbox"/> Left <input type="checkbox"/> Right <u>Height</u> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2" <input type="checkbox"/> </p>
MEDIAL THIGH ABDUCTOR	MEDIAL THIGH ABDUCTOR	LATERAL ADDUCTOR SUPPORT
 <p> <input type="checkbox"/> S2710 size #1: W: 2½" H: 3" D: 4".....\$40 <input type="checkbox"/> S2715 size #2: W: 3" H: 4" D: 6".....\$40 <input type="checkbox"/> S2720 size #3: W: 3½" H: 5" D: 8".....\$40 </p>	 <p> <input type="checkbox"/> S2725 size #1: W: 2½" H: 3" D: 7".....\$32 <input type="checkbox"/> S2730 size #2: W: 3" H: 4" D: 7".....\$34 <input type="checkbox"/> S2735 size #3: W: 3½" H: 5" D: 7".....\$36 </p>	 <p> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> S2965 #1: H: 2".....\$52 <input type="checkbox"/> S2970 #2: H: 3".....\$52 <input type="checkbox"/> S2975 #3: H: 4".....\$52 H= Height on top of the cushion D= Depth 2/5 of the cushion depth </p>
LATERAL PELVIC SUPPORT	LATERAL PELVIC CUSHION	
 <p> Glued only <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> S2890 #1 H: 3½"\$52 <input type="checkbox"/> S2895 #2 H: 4½"\$52 <input type="checkbox"/> S2900 #3 H: 5½"\$52 H= Height on top of the cushion D= Depth 3/5 of the cushion depth </p>	 <p> VELCRO FASTENER <input type="checkbox"/> Right <input type="checkbox"/> Left Urethane <input type="checkbox"/> S2861 #1 W: 1" D: 9½" H: 5½"\$31 <input type="checkbox"/> S2866 #2 W: 1½" D: 9½" H: 5½"\$32 <input type="checkbox"/> S2871 #3 W: 2" D: 9½" H: 5½"\$33 </p>	