



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



2019-02-06

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		

### Choice of sizes and models

<input type="checkbox"/> D5250 - Valdys Back: Urethane 1½" (Neocor VF40) Squared—Retail Price: .....	\$410
<input type="checkbox"/> PD50715 Incontinent Cover .....	\$90

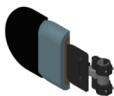

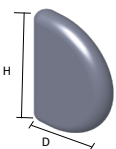
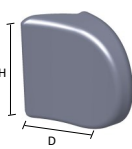
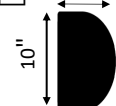
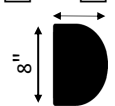
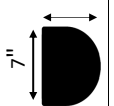
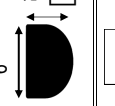
\*\* Please note that for a height or width of 22" or greater, an additional charge of \$126 will apply.

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"
Height	<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"

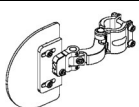
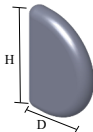
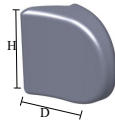
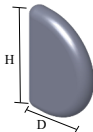
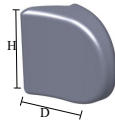
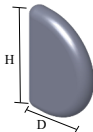
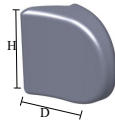
### Laterals

#### Choice 1



\*\* Width between the laterals: Max. = Overall Wheelchair Width / Min. = Overall wheelchair width - 5"

 <input type="checkbox"/> <b>Adjustable</b> \$160 Each	Large D3854	Medium D3853	Small D3852	Pediatric D3851	Customize D5650 **
	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/> \$203 Each
 <input type="checkbox"/> <b>Adjustable and swing-away</b> \$240 Each	Large D5445	Medium D5446	Small D5447	Pediatric D5448	Customize D5655 **
	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/>	R <input type="checkbox"/> L <input type="checkbox"/> \$296 Each
<b>STRAIGHT</b>	<b>STANDARD SIZE</b>				<b>CUSTOMIZATION</b>
<input type="checkbox"/> 	<input type="checkbox"/> 	<b>Large</b> 4½" 5½" 	<b>Medium</b> 4½" 5½" 	<b>Small</b> 4½" 	<b>Pediatric</b> 4½" 
		<b>ATTENTION! MEASUREMENTS INCLUDE CUSHIONING</b>		<b>ATTENTION! NOT APPLICABLE FOR BACKREST WITH INTEGRATED THORACIC SUPPORT</b>	

#### Choice 2

		FIXED TO THE WHEELCHAIR CANE <b>\$144</b> each (fixed hardware only) Will properly fit ¾" and 1" tubing diameter.		<table><tr><td># Produit</td><td>L</td><td># Produit</td><td>R</td></tr><tr><td>DVMG</td><td></td><td>DVMD</td><td></td></tr></table>		# Produit	L	# Produit	R	DVMG		DVMD		Width between the laterals Max. = Overall Wheelchair Width Min. = Overall Wheelchair Width - 8"																																																																																																																															
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#### Options

TENSION BAR		TENSION BAR WITH MULTIADJUSTABLE HEADREST SUPPORT MOUNTING FIXTURE	
\$181 		\$274 	
Product #	Width	Product #	Width
D3895 <input type="checkbox"/>	14"	AT5196 <input type="checkbox"/>	12" to 15"
D3900 <input type="checkbox"/>	16"	AT5197 <input type="checkbox"/>	15" to 18"
D3905 <input type="checkbox"/>	18"	AT5198 <input type="checkbox"/>	18" to 22"
D3910 <input type="checkbox"/>	20"		

NOTES :