

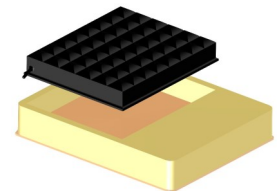
Date :	P.O.#:
Made for (client) Last name:	First name:
Ordered by :	
Establishment :	
Address :	
Phone :	Fax :

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: one stretch cover, one zippered inner cover as well as your choice of installation. The Roho insert is not included.

A HEIGHT OF THE CONTOUR CUSHION

	Choice	Product #	Price
Foam Base 2" (5 cm)	<input type="checkbox"/>	S2360	\$ 390
Foam Base 3" (7,5 cm)	<input type="checkbox"/>	S2365	\$ 400
Foam Base 4" (10 cm)	<input type="checkbox"/>	S2370	\$ 415
Valve extension	<input type="checkbox"/>	S2405	\$ 69
Replacement cover for 2" cushion (5 cm)	<input type="checkbox"/>	S2375	\$ 165
Replacement cover for 3" cushion (7,5 cm)	<input type="checkbox"/>	S2380	\$ 165
Replacement cover for 4" cushion (10 cm)	<input type="checkbox"/>	S2385	\$ 165
Incontinence cover for 2" cushion (5 cm)	<input type="checkbox"/>	S2390	\$ 90
Incontinence cover for 3" cushion (7,5 cm)	<input type="checkbox"/>	S2395	\$ 90
Incontinence cover for 4" cushion (10 cm)	<input type="checkbox"/>	S2400	\$ 90

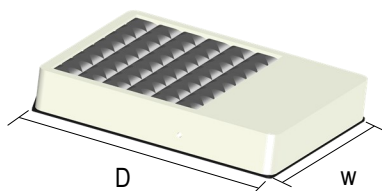


- ☐ Valve on the left
☐ Valve on the right

B WIDTH AND DEPTH OF THE CONTOUR CUSHION AND AIR CELLS CUSHION

Please enter the desired formats

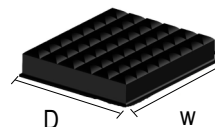
1 - Contour cushion



Width:

Depth:


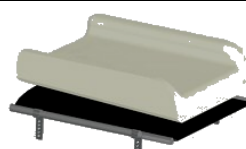
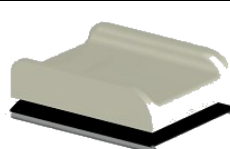
2 - Air cells cushion



Width:

Depth:

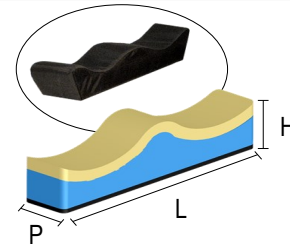
C INSTALLATION CHOICE **WARNING!** If no installation choice is selected, you will receive the default hard seat cushion installation.




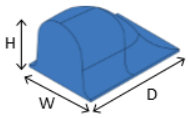
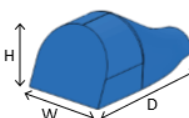
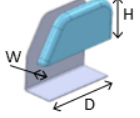
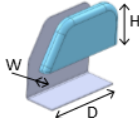
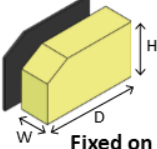
Canvas seat <input type="checkbox"/>  <input type="checkbox"/> With ABS reinforcement \$2980 75\$	Built-in  <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2"	Hard seat <input type="checkbox"/> 
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D CUSHION COMPENSATOR

Air cell compensator 2" height (5 cm)
Air cell compensator 3" height (7,5 cm)
Air cell compensator 4" height (10 cm)
Replacement cover
Incontinence cover

Choice	Product #	Price
<input type="checkbox"/>	S2410	129 \$
<input type="checkbox"/>	S2415	132 \$
<input type="checkbox"/>	S2420	145 \$
<input type="checkbox"/>	S2435	53 \$
<input type="checkbox"/>	S2450	75 \$



ANTI-THRUST WEDGE	ANTI-SLING WEDGE	PELVIC OBLIQUITY WEDGE
 <p>Flat Pointed</p> <p>S2670-... Flat.....63\$ <input type="checkbox"/></p> <p>S2655-... Pointed.....63\$ <input type="checkbox"/></p> <p>Thickness: 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/></p> <p>Fixation: Glued <input type="checkbox"/> Velcro <input type="checkbox"/></p> <p>S2960: Cover44\$ <input type="checkbox"/></p>	 <p>Flat Pointed</p> <p>S2695-... Flat.....125\$ <input type="checkbox"/></p> <p>S2685-... Pointed.....125\$ <input type="checkbox"/></p> <p>Thickness: 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/></p> <p>Fixation: Glued <input type="checkbox"/> Velcro <input type="checkbox"/></p> <p>S2960: Cover44\$ <input type="checkbox"/></p>	 <p>S2675-... Urethane.....57\$ <input type="checkbox"/></p> <p>S2680-... Constructa foam.....63\$ <input type="checkbox"/></p> <p>Dimension: 6"x6" <input type="checkbox"/> 8"x8" <input type="checkbox"/> 10"x10" <input type="checkbox"/></p> <p>Thickness: 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/></p> <p>Orientation: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Fixation: Glued <input type="checkbox"/> Velcro <input type="checkbox"/></p> <p>S2681: Cover44\$ <input type="checkbox"/></p>
<h4>MEDIAL THIGH ABDUCTOR GLUED</h4>  <p>Standard</p> <p>S2724-...: Constructa foam.....50\$ <input type="checkbox"/></p> <p>...-1: W: 2 1/2" D: 3" H: 3" <input type="checkbox"/></p> <p>...-2: W: 3" D: 4" H: 4" <input type="checkbox"/></p> <p>...-3: W: 3 1/2" D: 5" H: 5" <input type="checkbox"/></p> <p>Non-Standard</p> <p>S2724-...: Constructa foam.....86\$ <input type="checkbox"/></p> <p>...-0: W: _____ D: _____ H: _____</p>	<h4>MEDIAL THIGH ABDUCTOR WITH VELCRO</h4>  <p>Standard</p> <p>S2725-...: Urethane.....39\$ <input type="checkbox"/></p> <p>S2726-...: Constructa foam.....50\$ <input type="checkbox"/></p> <p>...-1: W: 3" D: 7" H: 2" <input type="checkbox"/></p> <p>...-2: W: 4" D: 7" H: 2 1/2" <input type="checkbox"/></p> <p>...-3: W: 5" D: 7" H: 3" <input type="checkbox"/></p> <p>Non-Standard</p> <p>S2725-...: Urethane.....68\$ <input type="checkbox"/></p> <p>S2726-...: Constructa foam.....86\$ <input type="checkbox"/></p> <p>...-0: W: _____ D: _____ H: _____</p> <p>S2727: Cover.....33\$ <input type="checkbox"/></p>	<h4>LATERAL THIGH SUPPORT (ALUMINIUM REINFORCEMENT)</h4>  <p>Standard</p> <p>S2965-...: Plastazote and SunMate.....132\$ <input type="checkbox"/></p> <p>...-1: H: 2" D: 4" W: 3/4" <input type="checkbox"/></p> <p>...-2: H: 3" D: 5" W: 3/4" <input type="checkbox"/></p> <p>...-3: H: 4" D: 6" W: 3/4" <input type="checkbox"/></p> <p>Orientation: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Non-Standard</p> <p>S2965-...: Constructa foam.....227\$ <input type="checkbox"/></p> <p>...-0: H: _____ D: _____ W: _____</p> <p>Orientation: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Not available with anti-slip cover Reduce the intern width of the cushion by 2".</p>
<h4>LATERAL PELVIC SUPPORT (ALUMINIUM REINFORCEMENT)</h4>  <p>Standard</p> <p>S2890-...: Plastazote and SunMate.....132\$ <input type="checkbox"/></p> <p>...-1: H: 3" D: 6" W: 3/4" <input type="checkbox"/></p> <p>...-2: H: 4" D: 7" W: 3/4" <input type="checkbox"/></p> <p>...-3: H: 5" D: 8" W: 3/4" <input type="checkbox"/></p> <p>Orientation: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Non-Standard</p> <p>S2890-...: Plastazote and SunMate.....227\$ <input type="checkbox"/></p> <p>...-0: H: _____ D: _____ W: _____</p> <p>Orientation: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Not available with anti-slip cover Reduce the intern width of the cushion by 2".</p>	<h4>LATERAL PELVIC SUPPORT - REMOVABLE</h4>  <p>Standard</p> <p>S2861-...: D: 9 1/2" H: 5 1/2" W: 1".....100\$ <input type="checkbox"/></p> <p>S2866-...: D: 9 1/2" H: 5 1/2" W: 1 1/2".....100\$ <input type="checkbox"/></p> <p>S2871-...: D: 9 1/2" H: 5 1/2" W: 2".....100\$ <input type="checkbox"/></p> <p>Orientation: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Reinforcement</p> <p>S2937: ABS Plate 3/4" P: 9 1/2" H: 5 1/2".....35\$ <input type="checkbox"/></p> <p>The ABS plate is fixed with the pelvic pad inside the cover.</p> <p>Fixed on the seat plate For this type of fixation, both items are required</p> <p>S2937: ABS Plate 3/4": P: 9 1/2" H: 5 1/2"+seat cushion thickness.....35\$ <input type="checkbox"/></p> <p>S2935: System of 4 adjustable bracket.....55\$ <input type="checkbox"/></p> <p>Cover</p> <p>S2875-...: Waterproof fabric.....42\$ <input type="checkbox"/></p> <p>S2575-...: Lycra fabric.....53\$ <input type="checkbox"/></p>	

Notes :

Total: \$