

ORDER FORM VALEO BACK



Date :			P.O.#:								
Last name:			First name:		Valec) TM					
Ordered by :					PHYSIPR	0					
Establishment	:				CONFIRM ORDER BY E-MA	IL Yo	es 🗌	No 🗌			
Address :					SUBSCRIBE TO PHYSIPRO N	IEWSLETTER Y	es 🗌	No 🗌			
Phone :	Phone : Fax :				YOUR EMAIL ADDRESS						
		wed	iple postural component ge can be easily installed. detachment for folding t	. The new 4 pc	oint quick release hardw	vare system p					
		BACK CHOICE			COVER OP	IIONS					
D6000: Standar			ВА	VP1CC: Standard Cover n/c D5212: Lycra Black n/c VP1C: Extra Cover Air knit Black \$203 D5212: Extra Cover Lycra Black \$203 D5213: Incontinent Cover \$90							
Сноісе	BACK SIZ (W X H	THE LATERAL		ASSO	OCIATED CHAIR WIDTH	TYPE OF \	WHEELCI	HAIRS			
	10" x 10	6.5" to 8.5"	3.5" to 11"		10" and 11"	Pe	diatric				
	12" x 14"		5.5" to 13"		12" and 13"		Pediatric				
	14 X 16		" 7.5" to 15"		14" and 15"		Adult				
	16" x 18	12.5" to 14.5	" 9.5" to 17"		16" and 17"		Adult				
	18" x 16 18" x 18 18" x 20	14.5 to 16.5	' 11.5" to 19"		18" and 19"		Adult				
			" 13.5" to 21"		20" and 21"		Adult				
CUSTOM BACKREST SIZE											
CUSTOMIZATION	N FEE \$126	5									
CUSTOMIZATION WIDTH	N FEE \$126	5 12"	14"	16"	18"]20"				

mounting hardware angle adjust ment choice **TOP** 0° Fixed stabilizer Standard 5° D3345 For 1" diameter tube 10° For 7/8" diameter tube D3346 **BOTTOM** For 3/4" diameter tube D3347 Standard 0° 5° 10° cushion choice standard foam composition Additional customization fees apply in addition to the price of the foam. VPZ: Urethane 1 ½" (N/C) Please indicate the letter (A, B, C) to determine your foam selection. (refer to the figure) vpu: custom foam overlay \$126 Choice of foam (for customization only) ABC VR10084C Urethane ½" \$12 SBS-5 Stimulite 1" \$291 VR10076 Urethane 1" VR10110C Sunmate soft ½" \$51 VR10088 Urethane 1 1/2" \$35 VR10091C Sunmate soft 1" \$87 VR10074 Viscose ½ " \$35 VR10111C Temper T36 ½" \$95 VR10073 Viscose 1" \$55 VR10095C Temper T38 1" \$194 VR10085C Latex 1" \$32 **FIPS** Sunmate extra-soft ½ unit: BP-0.5U-XS \$553 \$455 1 unit: BP-1U-XS ½ unit: BP-0.5U-S 1 unit: BP-1U-S \$553 Sunmate soft \$455 Sunmate medium ½ unit: BP-0.5U-M **\$455** 1 unit: BP-1U-M \$553 Note: You must order a Lycra cover to utilize FIPS. POSTURAL COMPONENTS wedge lumbar support D3405 D3395 D3385 THORACOLUMBAR WEDGE LUMBAR WEDGE THORACIC WEDGE \$30 \$24 \$24 LEFT RIGHT **THICKNESS** THICKNESS 1" 1" **THICKNESS** 1 ½" 1 ½" 1" 2" 1 ½" #1: **D3410** L9½" P:1" H: 10" \$39 2" #2:**D3415** L9½" P: 1 ½" H: 11" \$39 WIDTH: 4" HEIGHT: 8" HEIGHT: 4" #3: **D3420** L 9 ½" P: 2" H: 12" **\$39 HEIGHT:** determined based on the WIDTH: determined based on the WIDTH: determined based on size of the backrest size of the backrest the size of the backrest 2

HARDWARE OPTIONS



ADJUSTABLE

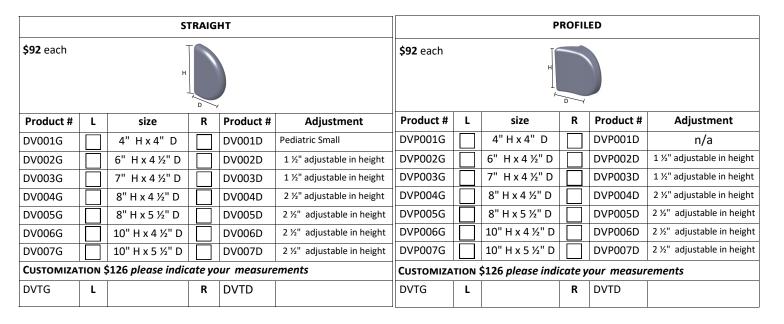
\$68 each

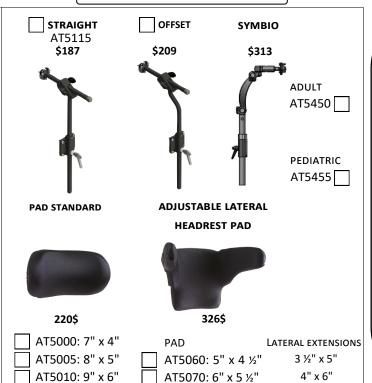
FIXED TO THE WHEELCHAIR CANE \$144 each (fixed hardware only) Will properly fit 3/4", 7/8" or 1" tubing diameter.

Product #	L	Product #	R	Product #
DVRG		DVRD		DVMG

Product # R L DVMD

PAD OPTIONS





HEADREST SUPPORT AND PAD

