



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		

A Choice of sizes, models and cushion composition

- D5200 - Standard:** With zipper to insert wedges or FIPS—Retail Price: \$410
- D5440 - With Velcro:** allow to install thoracic support or wedges—Retail Price: \$480
- PD50715** Incontinent Cover \$90
- D4695 Cane cover with zipper**\$159 Pair **D4700 Cane cover without zipper**.....\$130 pair

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"
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"	<input type="checkbox"/> 25"	<input type="checkbox"/> 26"

D5208 Customize size\$126 **Width:** _____" (outside measurements) **Height:** _____" (measured from under the handles to the seat rail.)

Note : The maximum size is 26" wide. The rod covers are without zippers from 24" wide onwards. Only laterals with velcro surface are available from 24" wide onwards. **Please note that for a height or width less than 14" or greater than 26", an additional charge of \$126 will apply.**

B FOAM CHOICE

VR10077	Urethane (Neocor) 1" Standard Foam.....n/c	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Cushion Customization							
If you chose no, enter the production order (A, B, C) in the selected foam spaces.							
<input type="checkbox"/> D5202 Additional charge of \$126 in addition to the foams cost.							
Reference number	Foam	Price	Order	Reference number	Foam	Price	Order
VR10091C	Sunmate soft 1	\$ 87		VR10110C	Sunmate soft ½"	\$ 51	
VR10073	Viscose 1"	\$ 55		VR10074	Viscose ½"	\$ 35	
VR10084C	Neocor ½"	\$ 12		VR10085C	Latex 1"	\$ 32	
VR10077	Neocor 1"	\$ 24		VR9080C	Plastazote ¼"	\$ 12	
VR10093C	Temper T-36 1"	\$ 194		VR10111C	Temper T-36 ½"	\$ 95	



C POSTURAL COMPONENT

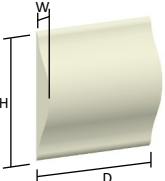
- Premium with Velcro: the postural components come with a cover and are installed on the back.

WEDGE

Thoracic Wedge	<input type="checkbox"/> D3380 Constructa foam \$ 30 <input type="checkbox"/> D3385 Urethane/Neocor \$ 24 <input type="checkbox"/> D3388 Cover (Velcro) \$ 64	Thickness: <input type="checkbox"/> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2"	Height: Width:
Lumbar Wedge	<input type="checkbox"/> D3400 Constructa foam \$ 30 <input type="checkbox"/> D3405 Urethane/Neocor \$ 24 <input type="checkbox"/> D3408 Cover (Velcro) \$ 64	Thickness: <input type="checkbox"/> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2"	Height: Width:
Thoracolumbar Wedge Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> D3390 Constructa foam \$ 30 <input type="checkbox"/> D3395 Urethane/Neocor \$ 24 <input type="checkbox"/> D3396 Cover (Velcro) \$ 64	Thickness: <input type="checkbox"/> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2"	Height: Width:

- Premium Standard: the postural components are fixed with velcro inside the back cover

SACROLUMBAR CORRECTOR

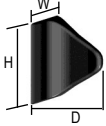
	Urethane (Neocor)\$ 39 (wedge only without cover)
	Sizes <input type="checkbox"/> D3410 : W: 9½" D: 1" H:10" <input type="checkbox"/> D3415 : W: 9½" D: 1½" H:11" <input type="checkbox"/> D3420 : W: 9½" D: 2" H:12"
	Constructa foam\$ 50 (wedge only without cover)
	Sizes <input type="checkbox"/> D3425 : W: 9½" D: 1" H:10" <input type="checkbox"/> D3430 : W: 9½" D: 1½" H:11" <input type="checkbox"/> D3435 : W: 9½" D: 2" H:12"
	Cover (Velcro).....\$ 33
	Sizes <input type="checkbox"/> D4020 : W: 9½" D: 1" H:10" <input type="checkbox"/> D4030 : W: 9½" D: 1½" H:11" <input type="checkbox"/> D4040 : W: 9½" D: 2" H:12"

D

LATERALS

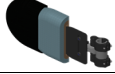

1- Premium with Velcro surface

* Width between the laterals: Max. = Overall Wheelchair Width / Min. = 12"

 ANTI-HAMMOCK LATERALS * \$ 148 Each	Product #	Width	Depth	Height
	<input type="checkbox"/> D3995 R <input type="checkbox"/> L <input type="checkbox"/>	6"	5 1/2"	14 1/2"
<input type="checkbox"/> D4005 R <input type="checkbox"/> L <input type="checkbox"/>	6"	6 1/2"	14 1/2"	

2 - Premium Standard


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

 <input type="checkbox"/> Adjustable \$ 160 Each	Large D3854 R <input type="checkbox"/> L <input type="checkbox"/>	Medium D3853 R <input type="checkbox"/> L <input type="checkbox"/>	Small D3852 R <input type="checkbox"/> L <input type="checkbox"/>	Pediatric D3851 R <input type="checkbox"/> L <input type="checkbox"/>	Customize D5650 ** R <input type="checkbox"/> L <input type="checkbox"/> \$ 203 Each
 <input type="checkbox"/> Adjustable and swing-away \$ 240 Each	Large D5445 R <input type="checkbox"/> L <input type="checkbox"/>	Medium D5446 R <input type="checkbox"/> L <input type="checkbox"/>	Small D5447 R <input type="checkbox"/> L <input type="checkbox"/>	Pediatric D5448 R <input type="checkbox"/> L <input type="checkbox"/>	Customize D5655 ** R <input type="checkbox"/> L <input type="checkbox"/> \$ 296 Each

STRAIGHT	PROFIED	STANDARD SIZE				CUSTOMIZATION	
<input type="checkbox"/>	<input type="checkbox"/>	Large 4 1/2" <input type="checkbox"/> 5 1/2" <input type="checkbox"/> 10"	Medium 4 1/2" <input type="checkbox"/> 5 1/2" <input type="checkbox"/> 8"	Small 4 1/2" <input type="checkbox"/> 7"	Pediatric 4 1/2" <input type="checkbox"/> 6"	<input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>
ATTENTION! MEASUREMENTS INCLUDE CUSHIONING						ATTENTION! NOT APPLICABLE FOR BACKREST WITH INTEGRATED THORACIC SUPPORT	

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OPTIONS

STIMULITE® « HONEYCOMB » SHEET	PRICE	TENSION BAR																									
<input type="checkbox"/> SBS-5XS	1" thick, single-faced sheet X-SOFT \$269	\$181																									
		<table border="1"> <thead> <tr> <th>Product #</th> <th>Width</th> </tr> </thead> <tbody> <tr> <td>D3895 <input type="checkbox"/></td> <td>14"</td> </tr> <tr> <td>D3900 <input type="checkbox"/></td> <td>16"</td> </tr> <tr> <td>D3905 <input type="checkbox"/></td> <td>18"</td> </tr> <tr> <td>D3910 <input type="checkbox"/></td> <td>20"</td> </tr> </tbody> </table>	Product #	Width	D3895 <input type="checkbox"/>	14"	D3900 <input type="checkbox"/>	16"	D3905 <input type="checkbox"/>	18"	D3910 <input type="checkbox"/>	20"															
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BOOSTER CUSHION FOR PREMIUM BACK WITH VELCRO SURFACE																											
 <p>Designed according to the backrest size selected Made of 1/2" urethane, it provides pressure distribution over the entire surface of the cushion.</p> <table border="1"> <thead> <tr> <th>PRODUCT #</th> <th>PRICE</th> <th>SIZE</th> <th>WIDTH</th> <th>HEIGHT</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> D4045</td> <td>\$132</td> <td># 1</td> <td>12"</td> <td>16"</td> </tr> <tr> <td><input type="checkbox"/> D4050</td> <td>\$132</td> <td># 2</td> <td>14"</td> <td>18"</td> </tr> </tbody> </table>	PRODUCT #	PRICE	SIZE	WIDTH	HEIGHT	<input type="checkbox"/> D4045	\$132	# 1	12"	16"	<input type="checkbox"/> D4050	\$132	# 2	14"	18"	<table border="1"> <thead> <tr> <th colspan="2">STRAP WITH LUMBAR CUSHION</th> </tr> </thead> <tbody> <tr> <td>Wheelchair Width :</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> D3865 1"</td> <td>.....\$94</td> </tr> <tr> <td><input type="checkbox"/> D3868 1 1/2"</td> <td>.....\$94</td> </tr> <tr> <td><input type="checkbox"/> D3869 2"</td> <td>.....\$94</td> </tr> </tbody> </table>		STRAP WITH LUMBAR CUSHION		Wheelchair Width :	_____	<input type="checkbox"/> D3865 1"\$94	<input type="checkbox"/> D3868 1 1/2"\$94	<input type="checkbox"/> D3869 2"\$94
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F

HEADREST AND PAD

SYMBIO HEADREST

 <p>Pad</p> <input type="checkbox"/> AT5000 : 7" x 4"\$ 220 <input type="checkbox"/> AT5005 : 8" x 5"\$ 220 <input type="checkbox"/> AT5010 : 9" x 6"\$ 220 <input type="checkbox"/> AT5056 : customize.....\$ 291 Specify measurements :	<p>Symbio headrest</p> <input type="checkbox"/> AT5450 Adult.....\$ 313 <input type="checkbox"/> AT5455 Pediatric.....\$ 313 <p>Symbio Headrest + Pad 5% discount.</p> <input type="checkbox"/> AT5530 : 7" x 4"\$ 532 <input type="checkbox"/> AT5531 : 8" x 5"\$ 532 <input type="checkbox"/> AT5532 : 9" x 6"\$ 532 <input type="checkbox"/> AT5533 : customize.....\$ 603 Specify measurements :	<p>TENSION BAR WITH MULTIADJUSTABLE HEADREST SUPPORT MOUNTING FIXTURE</p>  <input type="checkbox"/> AT5196: 12" TO 15"\$ 274 <input type="checkbox"/> AT5197: 15" TO 18"\$ 274 <input type="checkbox"/> AT5198: 18" TO 22"\$ 274
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SUNMATE DYNAMIC—FIPS

Extra soft Sunmate	<input type="checkbox"/> 1/2 unit #BP-0.5U-XS.....\$ 140	<input type="checkbox"/> 1 unit #BP-1U-XS.....\$ 225
Soft Sunmate	<input type="checkbox"/> 1/2 unit #BP-0.5U-S.....\$ 140	<input type="checkbox"/> 1 unit #BP-1U-S.....\$ 225

Notes :