

X850 Corpus



*** Indicates a Required Field**

Dealer Information



* **Contact:** _____

Dealer Code: _____

* **Dealer Name:** _____

Address: _____

* **City:** _____

* **State/Zip:** _____

* **Phone#:** _____

* **Fax#:** _____

PO#: _____

Email Address: _____

Client Information

Permobil recommends that the client is evaluated by a certified rehab specialist.

* **First Name:** _____

* **Last Name:** _____

Diagnosis: _____

Funding Source: _____

Client Age: _____

Client Measurements

* **Weight:** _____

* **Height:** _____

A) Top of Shoulders: _____

B) Chest Depth: _____

C) Chest Width: _____

D) Seat Depth: _____

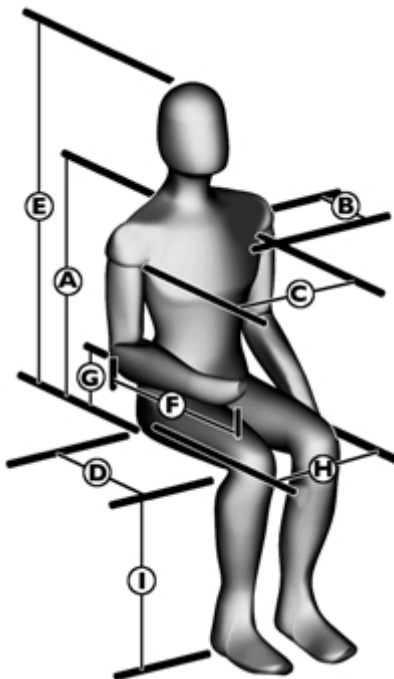
E) Top of Head: _____

F) Elbow to Hand: _____

G) Seat Pan to Elbow: _____

H) Hip Width: _____

* **I) Knee to Foot:** _____



Three column pricing on order/quote:

Display HCPCS Codes on order/quote:

Please send order/quote to fax#: **(800) 231-3256**

Email to: sales@permobilus.com

Permobil Inc.
6961 Eastgate Blvd.
Lebanon, TN 37090
Tel: (800) 736-0925
Fax: (800) 231-3256
www.permobil.com

Prices effective **August 9, 2010.**

X850 Corpus

Chair Model and Colors

CHOOSE BASE:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I103005-99-0	X850 Corpus <i>Price Includes: 9 mph RWD Power Base, Servo Controlled Front Steering Mechanism, Lights, Four-Wheel Independent Suspension System, and Charger.</i>	13,975.00	K0014

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103173-99-0	X850 Shroud Vintage Wine	No Charge	
<input type="checkbox"/> I103174-99-0	X850 Shroud Crystal Blue	No Charge	
<input type="checkbox"/> I103175-99-0	X850 Shroud Metallic Charcoal Gray	No Charge	

Base Options

MUST CHOOSE EITHER SEAT ELEVATOR OR FIXED SEAT TUBE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103033-99-0	Fixed Seat Height <i>Delivery time will be increased when ordering this item.</i>	No Charge	
<input type="checkbox"/> I103022-99-0	Power Adjustable Seat Height, X850 - 8" Travel <i>Half speed drive limitation when elevated.</i>	2,845.00	E2300

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I103012-99-0	Power Base Extender <i>This item must be selected. Enables the user to lengthen the wheel base up to 8" for increased stability.</i>	2,946.00	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I101999-99-0	Batteries, Grp 31 (97AH) Sealed LA/Gel, Installed	1,002.00	
<input type="checkbox"/> I103038-99-0	Luggage Box - Rear Mounted	890.00	
<input type="checkbox"/> I100292-99-0	Crutch Holder X850 Right - Mounted to Base	375.00	E2207
<input type="checkbox"/> I100293-99-0	Crutch Holder X850 Left - Mounted to Base	375.00	E2207
<input type="checkbox"/> I103101-99-0	Side Rear View Mirror Mounted on Right Front	422.00	
<input type="checkbox"/> I103137-99-0	Side Rearview Mirror Mounted on Left Front	422.00	
<input type="checkbox"/> I101892-99-0	Foot Rest Buildup Kit w/ 1 Piece Footplate - X850 <i>This item mounts to the footrest wells on the front extension of the base. It reduces the distance between the seat pan and the footrest wells by up to 4".</i>	636.00	

Joystick Options

CHOOSE JOYSTICK TYPE:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I103024-99-0	Safegate Remote Joystick Module <i>This item must be selected. Price includes all expandable electronics.</i>	1,674.00	

CHOOSE JOYSTICK HANDLE TYPE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10045	Cone Shaped Joystick Knob - Standard.	No Charge	
<input type="checkbox"/> I100960-99-0	Chin Cup For Joystick Knob	96.00	E2324
<input type="checkbox"/> I100961-99-0	"T" Handle For Joystick Knob	141.00	E2323
<input type="checkbox"/> I100962-99-0	"Large Ball" For Joystick Knob	96.00	E2323
<input type="checkbox"/> I100963-99-0	"Softball" For Joystick Knob	129.00	E2323
<input type="checkbox"/> I100964-99-0	"Mushroom" For Joystick Knob	129.00	E2323
<input type="checkbox"/> I100965-99-0	"Stick" For Joystick Knob	129.00	E2323

CHOOSE JOYSTICK MOUNT:

Part Number	Description	Price	HCPCS Code
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Joystick Options

CHOOSE JOYSTICK MOUNT:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100526-99-0	Joystick Mount-Right Swing Away	286.00	E1028
<input type="checkbox"/> I100525-99-0	Joystick Mount-Left Swing Away	286.00	E1028
<input type="checkbox"/> I100819-99-0	Retractable Joystick Mnt Right	495.00	E1028
<input type="checkbox"/> I100824-99-0	Retractable Joystick Mnt Left	495.00	E1028

Seating System

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
	The Seating Systems Listed Below Include: <i>Corpus Seat Frame, Solid Backrest (Standard Size), Height Adjustable Armrest Assembly (No Charge if ordering Power Tilt or Recline), All Seat Pan Sizes. Weight Limit 300lbs.</i>		
<input type="checkbox"/> I10600	X850 Corpus Seat w/ Manual Recline & No Tilt <i>Delivery time will be increased when ordering this item.</i>	5,995.00	
<input type="checkbox"/> I10601	X850 Corpus Seat w/ 120° Power Recline & No Tilt <i>Includes power recline actuator mounted behind the back with a reinforced mounting system. Delivery time will be increased when ordering this item.</i>	7,195.00	E1004
<input type="checkbox"/> I10602	X850 Corpus Seat w/ 16° Pwr Tilt & Manual Recline <i>Cannot order any swivel seat (I103023-99-0 or I103009-99-0) with powered tilt.</i>	6,640.00	E1002
<input type="checkbox"/> I10603	X850 Corpus Seat w/ 16° Pwr Tilt & 120° Pwr Recl <i>Includes power recline actuator mounted behind the back with a reinforced mounting system. Cannot order any swivel seat (I103023-99-0 or I103009-99-0) with powered tilt.</i>	11,395.00	E1007

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103013-99-0	No Swivel on Seat <i>This item must be selected if ordering power tilt.</i>	No Charge	
<input type="checkbox"/> I103023-99-0	Manual Swivel Seat <i>Swivel seat CANNOT be ordered with power tilt. Delivery time will be increased when ordering this item. Drive lockout when seat is swiveled.</i>	2,655.00	
<input type="checkbox"/> I103009-99-0	Powered Swivel Seat <i>Swivel seat CANNOT be ordered with power tilt. Delivery time will be increased when ordering this item. Drive lockout when seat is swiveled.</i>	3,645.00	

Seating System Options

CHOOSE SEAT FUNCTION CONTROL TYPE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100590-99-0	Multiple Seat Function Control Kit <i>MUST be selected if ordering two or more seat functions. This device is used to operate two or more seat functions through the wheelchair electronics via the membrane switchbox.</i>	2,925.00	E2311
<input type="checkbox"/> I10129	Single Seat Function Control Kit <i>For operation of a single seat function through the wheelchair electronics via the drive controls and/or membrane switch box. Order with Pilot+ or remote joystick options. Not available with VSI Controllers.</i>	1,495.00	E2310

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100524-99-0	Toggle Switch Kit For Seat Function Control Kit <i>Add on part for either the multiple seat function control kit or single seat function control kit in order.</i>	130.00	K0108
<input type="checkbox"/> I104769-99-0	Remote Stop System VSI, VR2, Safegate <i>Consists of a Radio Frequency (RF) handheld transmitter and an RF receiver mounted on the wheelchair. Each transmitter and receiver is a serialized matched pair, meaning they must be used together. Custom charge may be required if ordering with a low backrest height or a pediatric wheelchair. If ordering Remote Stop System with a K450, push handles must also be selected.</i>	1,002.00	

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Backrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
BACKREST HEIGHT NOTE:			
<i>Backrest heights are measured from the seat pan to the top of the backrest shell with the backrest set at 90°.</i>			
<input type="checkbox"/> I101853-99-0	Ergo Back Fixed 14" W x 21" H - Leatherette	852.00	E2620
<input type="checkbox"/> I101863-99-0	Ergo Back Fixed 14"W x 26.5" High - Leatherette	852.00	E2620
<input type="checkbox"/> I101854-99-0	Ergo Back Sliding 16"W x 21"H - Leatherette	852.00	E2620
<input type="checkbox"/> I101861-99-0	Ergo Back Sliding 16"W x 26.5" H - Leatherette	852.00	E2620
<input type="checkbox"/> I101855-99-0	Ergo Back Sliding 18"W x 21"H - Leatherette	852.00	E2620
<input type="checkbox"/> I101862-99-0	Ergo Back Sliding 18"W x 26.5"H - Leatherette	852.00	E2620
<input type="checkbox"/> I305510-00-90-0	Ergo Back Fixed Tall 16"W x 29.5"H - Leatherette	852.00	E2620
<input type="checkbox"/> I10455	Ergo Back Fixed 14" W x 21" H - Black Mesh	874.00	E2620
<input type="checkbox"/> I10456	Ergo Back Fixed 14"W x 26.5" High - Black Mesh	874.00	E2620
<input type="checkbox"/> I10457	Ergo Back Sliding 16"W x 21"H - Black Mesh	874.00	E2620
<input type="checkbox"/> I10458	Ergo Back Sliding 16"W x 26.5" H - Black Mesh	874.00	E2620
<input type="checkbox"/> I10459	Ergo Back Sliding 18"W x 21"H - Black Mesh	874.00	E2620
<input type="checkbox"/> I10460	Ergo Back Sliding 18"W x 26.5"H - Black Mesh	874.00	E2620
<input type="checkbox"/> I10005	Rectangular Back 18"W - Metal Fixed	1,330.00	
<i>Choose backrest height from seat pan (19"-29"): _____ "</i>			
<input type="checkbox"/> I10240	Solid Back 16"W X 21"H <i>Standard Option with Tilt and/or Recline Systems. Includes Leatherette Back Cushion ONLY.</i>	No Charge	
<input type="checkbox"/> I10130	Solid Back 16"W x 26.5"H <i>Standard Option with Tilt and/or Recline Systems. Includes Leatherette Back Cushion ONLY.</i>	No Charge	
<input type="checkbox"/> I10241	Solid Back 18"W x 21"H <i>Standard Option with Tilt and/or Recline Systems. Includes Leatherette Back Cushion ONLY.</i>	No Charge	
<input type="checkbox"/> I10131	Solid Back 18"W x 26.5"H <i>Standard Option with Tilt and/or Recline Systems. Includes Leatherette Back Cushion ONLY.</i>	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10014	Custom Backrest Height _____" <i>Backrest height measured from seat pan and cannot be lower than 19". Price in addition to above backrest.</i>	636.00	
<input type="checkbox"/> I100972-99-0	Split Backrest <i>Split Backrest 8" from top to allow for transfers and/or transportation. This modification cannot be made on back heights lower than 26.5". Must select either PN: I10429 or I10430 below.</i>	544.00	
<input type="checkbox"/> I10429	Split Backrest Cushion	No Charge	
<input type="checkbox"/> I10430	Do NOT Split Backrest Cushion	No Charge	
<input type="checkbox"/> I10284	Flat Backrest Cushion for Ergo Back - Leatherette <i>This style of cushion is ONLY available in Leatherette. Recommended cushion when ordering lateral supports. Lateral wedges will be omitted if ordering this part.</i>	91.00	
<input type="checkbox"/> I10318	ROHO Backrest Cushion For Ergo Back <i>Price Includes: ROHO MID PROFILE Backrest Cushion which will be matched to fit the Ergonomic Backrest that you select. Approximate height of MID PROFILE cells is 3" in their inflated state. Also includes a Mesh Cover for the ROHO Backrest Cushion, Hand Pump, and Patch Kit. This will NOT fit these part numbers: (I10004, I10005, I10111, I10112, I305510-00-90-0). Please indicate below if you would like to OMIT the Ergo Back Cushion.</i>	636.00	
<input type="checkbox"/> I10319	ROHO Backrest Cushion For Ergo Back - Notched <i>Recommended ROHO cushion when ordering Lateral Trunk Supports. Please indicate below if you would like to OMIT the Ergo Back Cushion.</i>	636.00	
<input type="checkbox"/> I10320	Omit Ergonomic Backrest Cushion	No Charge	

Seat Sizing

X850 Corpus

Seat Sizing

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100681-99-0	Corpus Seat 17"W x 14"D <i>An additional custom charge will be applied if ordering an 18" wide sliding backrest with this seat size (17" x 14").</i>	No Charge	
<input type="checkbox"/> I100684-99-0	Corpus Seat 17"W x 16"D	No Charge	
<input type="checkbox"/> I100689-99-0	Corpus Seat 17"W x 18"D	No Charge	
<input type="checkbox"/> I100695-99-0	Corpus Seat 17"W x 20"D	No Charge	
<input type="checkbox"/> I100720-99-0	Corpus Seat 17"W x 22"D	No Charge	
<input type="checkbox"/> I100690-99-0	Corpus Seat 19"W x 18"D	No Charge	
<input type="checkbox"/> I100696-99-0	Corpus Seat 19"W x 20"D	No Charge	
<input type="checkbox"/> I100721-99-0	Corpus Seat 19"W x 22"D	No Charge	
<input type="checkbox"/> I10007	Special Seat Size 21"W x 18"D	No Charge	
<input type="checkbox"/> I10008	Special Seat Size 21"W x 20"D	No Charge	
<input type="checkbox"/> I10009	Special Seat Size 21"W x 22"D	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10038	Ergonomic Seat Cushion Leatherette <i>Not available with seat widths less than 16" or seat depths less than 14".</i>	483.00	E2601,E2602
<input type="checkbox"/> I10461	Ergonomic Seat Cushion - Black Mesh <i>Not available with seat widths less than 16" or seat depths less than 14".</i>	493.00	E2601

Armrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103339-99-0	4"x10" Corpus Arm Right - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103341-99-0	4"x12" Corpus Arm Right - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103343-99-0	4"x14" Corpus Arm Right - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103345-99-0	4"x16" Corpus Arm Right - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103331-99-0	4"x10" Corpus Arm Right - Dual Taper, Black Fabric	No Charge	
<input type="checkbox"/> I103333-99-0	4"x12" Corpus Arm Right - Dual Taper, Black Fabric	No Charge	
<input type="checkbox"/> I103335-99-0	4"x14" Corpus Arm Right - Dual Taper, Black Fabric	No Charge	
<input type="checkbox"/> I103337-99-0	4"x16" Corpus Arm Right - Dual Taper, Black Fabric	No Charge	

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103338-99-0	4"x10" Corpus Arm Left - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103340-99-0	4"x12" Corpus Arm Left - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103342-99-0	4"x14" Corpus Arm Left - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103344-99-0	4"x16" Corpus Arm Left - Dual Taper, Leatherette	No Charge	
<input type="checkbox"/> I103330-99-0	4"x10" Corpus Arm Left - Dual Taper, Black Fabric	No Charge	
<input type="checkbox"/> I103332-99-0	4"x12" Corpus Arm Left - Dual Taper, Black Fabric	No Charge	
<input type="checkbox"/> I103334-99-0	4"x14" Corpus Arm Left - Dual Taper, Black Fabric	No Charge	
<input type="checkbox"/> I103336-99-0	4"x16" Corpus Arm Left - Dual Taper, Black Fabric	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10137	Height Adjustable Armrest Assembly	289.00	E0973
<input type="checkbox"/> I10016	Height Adjustable Armrest Assembly - No Charge <i>No charge with power tilt and/or recline.</i>	No Charge	
<input type="checkbox"/> I101003-99-0	Armrest Mount High	No Charge	

Range of adjustment in high position is 11" - 13.5" measured from the seat pan to the top of the armrest pad.

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Armrest Options

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I101002-99-0	Armrest Mount Low (High Position Standard) <i>Range of adjustment in low position is 9" - 11.5" measured from the seat pan to the top of the armrest pad.</i>	No Charge	
<input type="checkbox"/> I304968-99-0	Corpus Armbar for 18" Btw the Arms - Installed	270.00	
<input type="checkbox"/> I10001	Corpus Armbar for 20" Btw the Arms - Installed	300.00	
<input type="checkbox"/> I100523-99-0	Armrest Height Ext (+2")	127.00	
<input type="checkbox"/> IARMADAP1"	Arm Trough Adaptor 1" Pair <i>For aftermarket arm troughs. Please indicate below if they should be installed or on chair sent as parts.</i>	279.00	
<input type="checkbox"/> IARMADAP7/8"	Arm Trough Adaptor 7/8" Pair <i>For aftermarket arm troughs. Please indicate below if they should be installed on chair or sent as parts.</i>	279.00	
Install Arm Trough Adapters: _____			
Send Arm Trough Adapters as Parts: _____			
<input type="checkbox"/> I100671-99-0	Armrest Pouch-Right	193.00	
<input type="checkbox"/> I100672-99-0	Armrest Pouch-Left	193.00	
<input type="checkbox"/> I101261-99-0	Armrest Side Support Right Outer <i>For Corpus Armrest Pads only.</i>	144.00	
<input type="checkbox"/> I101262-99-0	Armrest Side Support Left Outer <i>For Corpus Armrest Pads only.</i>	144.00	
<input type="checkbox"/> I101263-99-0	Armrest Side Support Right Inner <i>Recommend 2" wider width between the armrest to ensure armrests will flip-up.</i>	144.00	
<input type="checkbox"/> I101264-99-0	Armrest Side Support Left Inner <i>Recommend 2" wider width between the armrest to ensure armrests will flip-up.</i>	144.00	
<input type="checkbox"/> I101510-99-0	Armrest Supports HD <i>Cannot be ordered with 175 degree power recline seating systems. (I10482, I10485, I10488).</i>	495.00	

Accessories

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10400	Bodypoint Non-Padded Hip Belt, UniTrack - Medium	No Charge	
<input type="checkbox"/> I10405	Bodypoint Padded Hip Belt UniTrack (N/C) - Medium	No Charge	
<input type="checkbox"/> I10402	Bodypoint Non-Padded Hip Belt, UniTrack - Large	94.00	K0108
<input type="checkbox"/> I10408	Bodypoint Padded Hip Belt UniTrack - Large	158.00	K0108
<input type="checkbox"/> I100519-99-0	Positioning Belt Retractable	239.00	K0108
<input type="checkbox"/> I100600-99-0	Positioning Belt Retractable Long	259.00	K0108
<input type="checkbox"/> I104131-99-0	Headrest for Ergo Back w/ Curved Mount Brkt - Leath <i>Must also select PN I10552. This part consists of a leatherette headrest pad (10"W x 5"T) with a 10"L slotted, curved mounting bracket.</i>	268.00	E0955
<input type="checkbox"/> I103460-99-0	UT Ergo Headrest w/ Black Fabric Cover <i>Must also select PN I10552.</i>	297.00	E0955
<input type="checkbox"/> I1823249	UT Lateral Adjustment Bar for UniTrack Headrest <i>Allows for approximately 4" of lateral adjustment to the UT Ergo Headrest either right or left. NOTE: Due to the width of this item (approx 9"), it may be necessary to send other items such as back pack clips unmounted. Custom charge may apply with lower back heights.</i>	56.00	
<input type="checkbox"/> IHEADADAPTER	Universal Headrest Adapter <i>For aftermarket headrests.</i>	205.00	K0108
<input type="checkbox"/> I10552	Adj Removable - Headrest Hardware (1 Each)	216.00	E1028
<input type="checkbox"/> I103070-99-0	UT Amp. Support Pad (H) w/ Mesh Cover - (1 Each) <i>7"W x 7"T Curved Pad. Must also select PN I10553.</i>	127.00	E1020

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Accessories

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103071-99-0	UT Amp. Support Pad (D) w/ Mesh Cover - (1 Each) <i>8"W x 8"T Flat Pad. Must also select PN I10553.</i>	127.00	E1020
<input type="checkbox"/> I10553	Adj Removable - Amp Support Hardware (1 Each) <i>Please indicate if you would like the amputation support mounted on the right or left side of the seat frame: Mount Amp Suppt on Right: ____ Mount Amp Suppt on Left: ____</i>	216.00	E1028
<input type="checkbox"/> I103077-99-0	UT Hip Suppt (B) w/ Mesh Cover - Low (Pair) <i>4.5"W x 3.5"T Pad w/ 2" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I103079-99-0	UT Hip Suppt (A) w/ Mesh Cover - Low (Pair) <i>6"W x 5"T Pad w/ 2" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I103094-99-0	UT Thigh/Hip Suppt (J) w/ Mesh Cover - High (Pair) <i>6.5"W x 5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I103095-99-0	UT Thigh/Hip Suppt (C) w/ Mesh Cover - High (Pair) <i>8"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I102977-99-0	UT Thigh/Hip Suppt (G) w/ Mesh Cover - High (Pair) <i>12"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I10550	Adj Removable - Thigh Support Hardware (Pair)	431.00	E1028
<input type="checkbox"/> I305266-28-90-0	Lateral Supports Std. Leatherette-ErgoBack Only <i>Must also select PN I10551.</i>	250.00	E0956
<input type="checkbox"/> I100521-99-0	Swing Away Trunk Supports Leatherette-For Ergo Back <i>Must also select PN I10551.</i>	254.00	E0956
<input type="checkbox"/> I10551	Adj Removable - Trunk Support Hardware (Pair)	431.00	E1028
<input type="checkbox"/> I103651-99-0	Transfer Handles for UniTrack Accessory Rail	397.00	
<input type="checkbox"/> I105144-99-0	Bodypoint Monoflex Large Chest Support Belt Kit <i>21.5"L x 4.5"W Pad Size. Item will be shipped as parts.</i>	145.00	E0960
<input type="checkbox"/> I105143-99-0	Bodypoint Monoflex Medium Chest Support Belt Kit <i>18.25"L x 4"W Pad Size. Item will be shipped as parts.</i>	145.00	E0960
<input type="checkbox"/> I105145-99-0	Bodypoint Monoflex X-Lrge Chest Support Belt Kit <i>24.5"L x 5"W Pad Size. Item will be shipped as parts.</i>	145.00	E0960
<input type="checkbox"/> I100578-99-0	Upper Extremity Support Small, Angle Adjustable <i>Must also select PN I10556.</i>	242.00	E0950
<input type="checkbox"/> I103426-99-0	Upper Extremity Support Angle Adjust - UniTrack <i>Side mounted tray that attaches to the UniTrack Accessory Rail. Dimensions are: 19.5"W x 13"D. Can only be ordered with chairs that offer the UniTrack System. Must also select PN I10556.</i>	301.00	E0950
<input type="checkbox"/> I10556	Adj Removable - Tray Hardware (1 Each)	216.00	E1028
<input type="checkbox"/> I101964-99-0	Oxygen Holder for PS or Corpus Seat <i>Cannot be ordered with a Corpus Tubular Backrest. (I10111 or I10112). Custom charge may be applied if ordering in combination with accessories such as medical necessities bags, attendant controls, push handles, back pack clips, etc. This item is mounted to the Ergonomic Backrest. Customization may be required if ordering on a Street.</i>	228.00	E2208
<input type="checkbox"/> I101956-99-0	Crutch Holder for PS or Corpus Seat <i>Cannot be ordered with a Corpus Tubular Backrest. (I10111 or I10112). Accessories such as medical necessities bags and push handles may need to be sent as parts if ordering a crutch holder. This item is mounted to the ergonomic backrest. Customization may be required if ordering on a Street.</i>	228.00	E2207
<input type="checkbox"/> I103171-99-0	Roll Bar - X850	992.00	

Notes & Additional Instructions:

Chair Order Policy:

You are highly encouraged to contact Permobil Sales with ANY questions regarding proper completion of our order forms at 1-800-736-0925. The order cannot be processed without the following:

- A client name or code, the client's measurements, the client's weight
- The order form must also be signed by a person authorized by your company to acknowledge the items selected. Permobil, Inc. is not responsible for configuration or size discrepancies resulting from customer errors on the order form.
- Order confirmations will be provided by Permobil summarizing the items selected. Please review this carefully.
- Once the order is shipped, any changes are subject to the returns policy and may be prohibited.

Order Acknowledgement:

I, _____, am an agent of the medical equipment provider named on this order form and I have the authority to contract for the purchase of powered wheelchairs and related parts on behalf of said provider. I acknowledge that I have reviewed this order and that it is complete and accurate to the best of my knowledge. I further acknowledge that any changes to this order after submission of this order form are subject to the returns policy and may carry additional charges.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

NOTE: All specifications and prices are subject to change without notice. Please note that prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty. MID PROFILE® Cushion is a registered trademark of the The ROHO Group. *The HCPCS codes provided are not intended to be billing or legal advice, rather our interpretation of the code definitions. Use of the codes does not ensure coverage or payment for the item. For coverage information, verify the policy of the appropriate payer.*