

Customer Care Representative:

Line No.

Order No.

Fits: AGILITY Mid Contour 16" Width x 16" Height x 4" Depth

How to Use the Custom AGILITY Back System Order Form

ROHO® understands that the needs of your clients are unique. For that reason, we are offering the Custom AGILITY back.

You can now use ROHO's DRY FLOATATION® technology to specifically address your client's postural needs. You determine exactly what air cells you need and where, the size of the air cells, and how many compartments of adjustable air are required.

Order Form Example

STEP 1: Quick Release or Fixed Hardware Check one



Quick Release

Quick Release hardware makes removal for transport or storage a snap, even by those with limited hand dexterity. Simply unlock it and lift it by the handle.

Fixed

Fixed hardware is ideal for clients who rarely need to remove their replacement backs (available in heights 16 inches and lower).

Quick Release Fixed

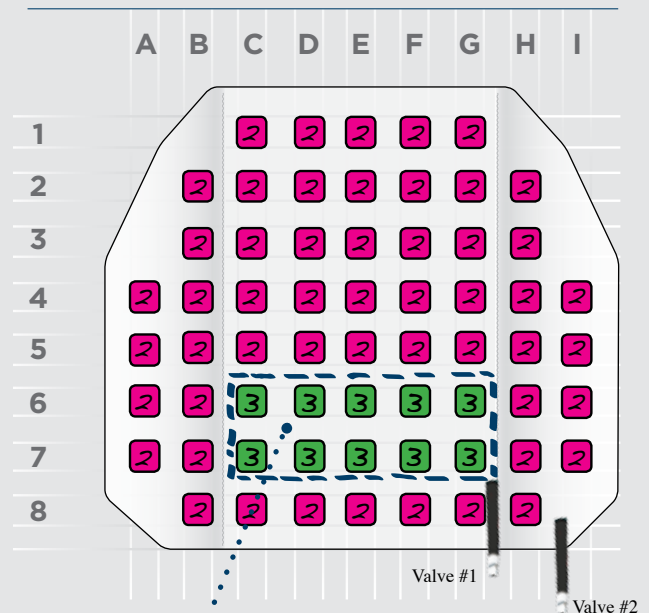
STEP 2: Each box on the featured shell can hold an air cell. Please determine where you would like air cells and the types of air cells needed.

- 1** 1" or 2.5 cm
- 2** LOW PROFILE® (2.25" x 5.5 cm)
- 3** MID PROFILE™ (3.25" x 8.5 cm)
- 4** HIGH PROFILE® (4.25" x 10.5 cm)

STEP 3: Custom AGILITY backs give you the options (or) option to create different adjustable air compartments. Please circle the compartments needed for this Custom AGILITY back.

STEP 4: Please note any special considerations, **especially valve locations**¹, you would like our team to know about this custom AGILITY back.

SAMPLE:



STEP 3: Needs an adjustable lumbar support. Use **3** air cells.

SAMPLE WHEELCHAIR BACK:

In this example, the clinician wanted MID PROFILE air cells in a separate adjustable lumbar support. The remaining cells are LOW PROFILE air cells that are also adjustable. Inflation valves come out of the bottom left of the AGILITY cover.



¹Unless specified otherwise, valves will be placed toward the bottom of the custom AGILITY Back.

ORDER FORM

Fits: AGILITY Mid Contour 16" Width x 16" Height x 4" Depth

STEP 1: Quick Release or Fixed Hardware

Check one.

	<p>Quick Release Quick Release hardware makes removal for transport or storage a snap, even by those with limited hand dexterity. Simply unlock it and lift it by the handle.</p>
	<p>Fixed Fixed hardware is ideal for clients who rarely need to remove their replacement backs (available in heights 16 inches and lower).</p>

Quick Release Fixed

STEP 2: Each box on the featured shell can hold an air cell. Please determine where you would like air cells and the types of air cells needed.

- 1** 1" or 2.5 cm
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STEP 3: Custom AGILITY backs give you the options (or) option to create different adjustable air compartments. Please circle the compartments needed for this Custom AGILITY back.

STEP 4: Please note any special considerations, especially valve location¹, you would like our team to know about this custom AGILITY back.

PLEASE DO NOT SEND PATIENT-PROTECTED HEALTH INFORMATION. IT IS NOT NEEDED TO MAKE THIS PRODUCT.

¹Unless specified otherwise, valves will be placed toward the bottom of the custom AGILITY Back.

Please be advised that custom items take approximately 3 - 4 weeks from date of order to manufacture.

	A	B	C	D	E	F	G	H	I	J	
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				TOP
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				BOTTOM

Provider/distributor name: _____

ROHO account #: _____

Circle one: **QUOTE** **ORDER**

Address line 1: _____

Address line 2: _____

City: _____

State: _____

ZIP: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Person ordering: _____

Reference name: _____

P.O.# (required to place an order): _____

Special instructions: _____



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*Decisions about how to code a product are the responsibility of the provider/supplier. Since Medicare coding is subject to change, the provider should always confirm the HCPCS code and coverage criteria as part of the client assessment process.