

**TO BE COMPLETED BY PERMOBIL:**  
CUSTOMER SUPPORT REPRESENTATIVE

Line No.

Order No.

## AGILITY® Custom Back Support ORDER FORM

### 1 PICK HARDWARE

- Quick Release
- Direct Mount w/ UniTrack  
FOR PERMOBIL POWER WHEELCHAIRS ONLY

### 2 CELL HEIGHT

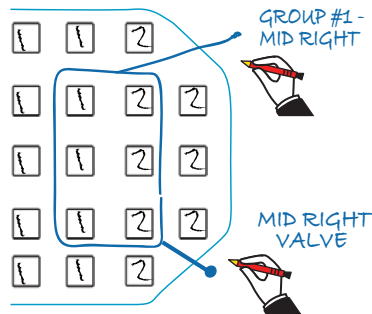
Number each cell with desired cell height.



- X No Cell
- 1 1" or 2.5 cm
- 2 LOW PROFILE® (2.25" / 5.5 cm)
- 3 MID PROFILE™ (3.25" / 8.5 cm)
- 4 HIGH PROFILE® (4.25" / 10.5 cm)

### 3 COMPARTMENTS

Circle and label groups of air cells to create separate compartments.



### 4 INFLATION VALVES

Draw in the air valve location for each separate compartment OR

- Let ROHO choose the air valve location.

### 5 SPECIAL NOTES?

(Eg: I only need the cell pad, or additional cover or other products needed) Explain here:

Visit [seating.custom.permobil.com](http://seating.custom.permobil.com) to customize your backrest.

		20" Width x 20" Length						AGILITY Mid Contour					
		TOP											
		A	B	C	D	E	F	G	H	I	J	K	L
1					○	○	○	○	○				
2				○	○	○	○	○	○	○			
3			○	○	○	○	○	○	○	○	○		
4	○	○	○	○	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○	○	○	○	○
10	○	○	○	○	○	○	○	○	○	○	○	○	○
11	○	○	○	○	○	○	○	○	○	○	○	○	○
12				○	○	○	○	○	○	○			
		BOTTOM											

ORDER DATE \_\_\_\_\_  Quote  PO# \_\_\_\_\_

Provider/Distributor Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_