

M1 - NPO



Dealer Information

* Contact: _____
 Dealer Code: _____
 * Dealer Name: _____
 Address: _____
 * City: _____
 * Province: _____
 * Phone#: _____
 * Fax#: _____
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 Email Address: _____

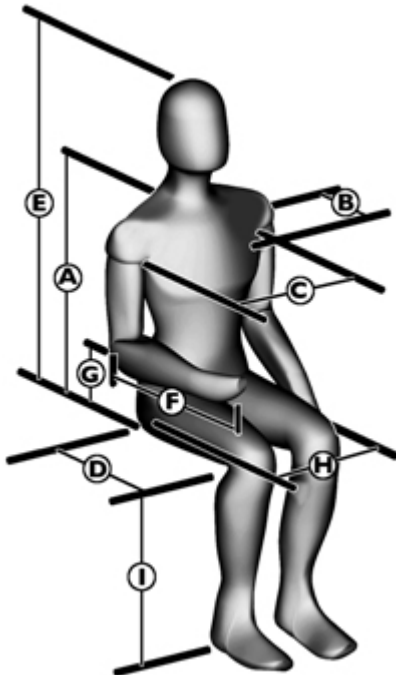
Client Information

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: _____



Display ADP Codes on order/quote:

Three column pricing on order/quote:

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

Email to: sales@permobil.com

Permobil Ltd.
 12 - 75 Mary St.
 Aurora, Ontario
 L4G 1G3
 Tel: (800) 736-0925
 Fax: (800) 231-3256
www.permobil.com

Prices effective **October 01, 2018** and payable in Canadian dollars.

Chair Model and Colors

Part Number	Description	MSRP - CA
<input checked="" type="checkbox"/> I11215	M1 Base - NPO <i>Price Includes: MWD M1 Power Base Set Up For No Power Seat Functions, FlexLink Suspension System, 7" Flat Free Casters, Tie-Down Hardware for Strap Systems and Charger. Max Speed = 5mph, Weight Capacity = 300lbs, STFH = 16".</i>	7,495.00

CHOOSE DRIVE TIRES:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I107974-99-0	Flat Free Tire 3"W x 14"T - Black	No Charge
<input type="checkbox"/> I107975-99-0	Pneumatic Tire 3"W x 14"T - Black	No Charge

OPTIONAL DRIVE TIRES:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I107976-99-0	Pneumatic/Snow Tire 3"W x 14"T Black	540.00

SHROUD COLOR:

Part Number	Description	MSRP - CA
<input checked="" type="checkbox"/> I107969-99-0	SHROUD COLOR: M1 Color Kit - Midnight Black	No Charge

Base Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	MSRP - CA
	PLEASE NOTE: <i>Additional parts are required to change the seat to floor height in the field.</i>	
<input type="checkbox"/> I108026-99-0	Seat to Floor Height - 16" - No Tilt	No Charge
<input type="checkbox"/> I108025-99-0	Seat to Floor Height - 17" - No Tilt	No Charge
<input type="checkbox"/> I108024-99-0	Seat to Floor Height - 18" - No Tilt	No Charge

MUST CHOOSE BATTERIES:

Part Number	Description	MSRP - CA
<input checked="" type="checkbox"/> I107032-99-0	BATTERY OPTIONS: Batteries, Grp 34 (60Ah) Sealed Gel, x2, Installed	953.00
<input type="checkbox"/> I108105-99-0	Compact Laptop Ventilator Tray - M1 <i>Accommodates Pulmonetic Systems / CareFusion LTV Series and similar sized Laptop Ventilators. The tray is 330mm Tall, adjustable Width between 200mm - 330mm, and adjustable Depth between 50mm - 165mm. Custom Option.</i>	1,732.00
<input type="checkbox"/> I10787	Battery Tray for Laptop Ventilator Tray <i>Mounts to rear of Laptop Ventilator Tray. Measures 290mm W x 170mm H x 42mm D. Accommodates Pulmonetic Systems Lithium-Ion Battery Pack, CareFusion SprintPack Battery System, or Richardson PowerTech Vent Power Center. Custom Option.</i>	277.00
<input type="checkbox"/> I10788	O2 Holder for Laptop Ventilator Tray <i>Mounts to Left or Right Side of Laptop Vent Tray. O2 Holder is 175mm Tall. Width infinitely adjustable 90mm - 170mm. Depth infinitely adjustable 95mm - 125mm. Custom Option.</i>	391.00
<input type="checkbox"/> I101161-99-0	PP1A Programmer - VR2	716.00

Joystick Options

CHOOSE JOYSTICK TYPE:

Part Number	Description	MSRP - CA
<input checked="" type="checkbox"/> I103612-99-0	VR2 Basic Joystick <i>The VR2 Basic Joystick does not support any power functions.</i>	No Charge

CHOOSE JOYSTICK HANDLE TYPE:

Part Number	Description	MSRP - CA
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Joystick Options

CHOOSE JOYSTICK HANDLE TYPE:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I10045	Cone Shaped Joystick Knob - Standard	No Charge
<input type="checkbox"/> I100960-99-0	Chin Cup For Joystick Knob	123.00
<input type="checkbox"/> I100961-99-0	"T" Handle For Joystick Knob	181.00
<input type="checkbox"/> I100962-99-0	"Large Ball" For Joystick Knob	123.00
<input type="checkbox"/> I100963-99-0	"Softball" For Joystick Knob	165.00
<input type="checkbox"/> I100964-99-0	"Mushroom" For Joystick Knob	165.00
<input type="checkbox"/> I100965-99-0	"Stick" For Joystick Knob	165.00
<input type="checkbox"/> I105442-99-0	1.75" Black Foam Ball For Joystick Knob	123.00
<input type="checkbox"/> I105846-99-0	Bodypoint J/S Handle 3" U-Shaped w/ Flex-Shaft	158.00
<input type="checkbox"/> I105847-99-0	Bodypoint J/S Handle 4" U-Shaped w/ Flex-Shaft	158.00
<input type="checkbox"/> I105848-99-0	Bodypoint J/S Handle Dome Shaped, Rubber	158.00

Part Number	Description	MSRP - CA
<input type="checkbox"/> I11216	Joystick Mount Right - Fixed	No Charge
<input type="checkbox"/> I11217	Joystick Mount Left - Fixed	No Charge
<input type="checkbox"/> I108037-99-0	Slimline Retractable Joystick Mount - Right	466.00
<input type="checkbox"/> I108038-99-0	Slimline Retractable Joystick Mount - Left	466.00
<input type="checkbox"/> I11232	Adjustable Height Panel Bracket <i>Provides 1.77" of vertical adjustment below the armrest and 25° of angle adjustment. Compatible with all Permobil joystick mounts except for the M1 Fixed Joystick Mount.</i>	361.00

OPTIONAL ITEMS:

Seating System

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	MSRP - CA
<input checked="" type="checkbox"/> I108027-99-0	No Tilt - M1 <i>Backrest angle can be manually adjusted up to 110°.</i>	No Charge
<input checked="" type="checkbox"/> I11279	M1 Seating System	995.00
<input type="checkbox"/> I108185-99-0	EZ Fold Backrest <i>This feature allows the tubular backrest frame to be easily folded forward to reduce the transport height of an unoccupied wheelchair.</i>	275.00

Backrest Options

CHOOSE TUBULAR BACKREST FRAME:

Part Number	Description	MSRP - CA
PLEASE NOTE: <i>Tubular Backrest features 1" diameter back canes. The Tubular Backrest Frame and the Backrest Width Must match the Seat Width. The Backrest cane height is 20" from the seat pan to the bend of the canes. Must select Either a ROHO AGILITY Back System OR a ROHO seat cushion on an NPO M1.</i>		
<input type="checkbox"/> I107985-99-0	Tubular Backrest Frame - 14"W	No Charge
<input type="checkbox"/> I107986-99-0	Tubular Backrest Frame - 16"W	No Charge
<input type="checkbox"/> I107987-99-0	Tubular Backrest Frame - 18"W	No Charge
<input type="checkbox"/> I107988-99-0	Tubular Backrest Frame - 20"W	No Charge
<input type="checkbox"/> I107989-99-0	Tubular Backrest Frame - 22"W	No Charge

ROHO AGILITY BACKREST OPTIONS:

Part Number	Description	MSRP - CA
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Backrest Options

ROHO AGILITY BACKREST OPTIONS:

Part Number	Description	MSRP - CA
	ROHO AGILITY NOTE: <i>The ROHO AGILITY Back Systems are available in widths of 14", 16", 18" and 20" and shell heights of 16", 18" and 20". Includes backrest shell, cushion, air inserts, UT rail for lateral adjustment of the headrest and quick release attachment hardware. The backrest shell will be set 3" above the seat frame.</i>	
<input type="checkbox"/> I11219	ROHO AGILITY Mid Contour Back System Shell Width (14", 16", 18", 20"W): _____ Shell Height (16", 18", 20"H): _____	945.00
<input type="checkbox"/> I11220	ROHO AGILITY Max Contour Back System Shell Width (14", 16", 18", 20"W): _____ Shell Height (16", 18", 20"H): _____	1,155.00

Seat Sizing

CHOOSE SEAT WIDTH:

Part Number	Description	MSRP - CA
	PLEASE NOTE: <i>The Seat Width is available in 2" increments from 14"-22" and is not adjustable without additional parts. Please select Seat Width below. The seat width must match the backrest width.</i>	
<input type="checkbox"/> I107980-99-0	Set Seat Width at 14"	No Charge
<input type="checkbox"/> I107979-99-0	Set Seat Width at 16"	No Charge
<input type="checkbox"/> I107982-99-0	Set Seat Width at 18"	No Charge
<input type="checkbox"/> I107981-99-0	Set Seat Width at 20"	No Charge
<input type="checkbox"/> I107984-99-0	Set Seat Width at 22"	No Charge

CHOOSE SEAT DEPTH:

Part Number	Description	MSRP - CA
	PLEASE NOTE: <i>The Seat Depth is adjustable from 14"-22" in 1" increments without additional parts. Please select the Seat Depth below.</i>	
<input type="checkbox"/> I107991-99-0	Set Seat Depth at 14" User weight cannot exceed 165lbs.	No Charge
<input type="checkbox"/> I107992-99-0	Set Seat Depth at 15"	No Charge
<input type="checkbox"/> I107993-99-0	Set Seat Depth at 16"	No Charge
<input type="checkbox"/> I107994-99-0	Set Seat Depth at 17"	No Charge
<input type="checkbox"/> I107995-99-0	Set Seat Depth at 18"	No Charge
<input type="checkbox"/> I107996-99-0	Set Seat Depth at 19"	No Charge
<input type="checkbox"/> I107997-99-0	Set Seat Depth at 20"	No Charge
<input type="checkbox"/> I108028-99-0	Set Seat Depth at 21"	No Charge
<input type="checkbox"/> I108029-99-0	Set Seat Depth at 22"	No Charge

CHOOSE SEAT CUSHION:

Part Number	Description	MSRP - CA
	PLEASE NOTE: <i>ROHO seat cushions may not be available to fit all width & depth seat size combinations. Must select Either a ROHO AGILITY Back System OR a ROHO seat cushion on an NPO M1.</i>	
<input type="checkbox"/> I11222	ROHO AirLITE Cushion	309.00
<input type="checkbox"/> I11166	ROHO QUADTRO SELECT HIGH PROFILE	769.00
<input type="checkbox"/> I11223	ROHO Hybrid Elite Sensor Ready Cushion	851.00
<input type="checkbox"/> I107505-99-0	ROHO Smart Check Device Sensing device that allows users to setup and maintain proper inflation pressure in ROHO Sensor Ready cushions. Only available when ordered with a ROHO Sensor Ready cushion.	295.00
<input type="checkbox"/> I105118-99-0	Omit Seat Cushion	No Charge

Armrest Options

Armrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	MSRP - CA
PLEASE NOTE:		
<i>The Low Mount Armrest Assembly can be adjusted from 7"-12" from the seat pan. The High Mount Armrest Assembly can be adjusted from 10"-14" from the seat pan. Please select the High or Low Mount Armrest Assembly and Armrest Height below.</i>		
<input type="checkbox"/> I11225	Locking Flip Back Height Adj Armrests - High	No Charge
<input type="checkbox"/> I11226	Locking Flip Back Height Adj Armrests - Low	No Charge
SET ARMREST HEIGHT AT: _____		

CHOOSE ARMREST PAD RIGHT:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I105100-99-0	4"x10" Corpus Armrest Pad Right - Leatherette	No Charge
<input type="checkbox"/> I105104-99-0	4"x13" Corpus Armrest Pad Right - Leatherette	No Charge
<input type="checkbox"/> I107212-99-0	4"x10" Corpus Armrest Pad Right - Black Fabric	No Charge
<input type="checkbox"/> I106047-99-0	4"x13" Corpus Armrest Pad Right - Black Fabric	No Charge
<input type="checkbox"/> I107591-99-0	4"x10" Corpus Arm w/ Permobil Gel Pad - Right	197.00
<input type="checkbox"/> I107593-99-0	4"x13" Corpus Arm w/ Permobil Gel Pad - Right	203.00
<input type="checkbox"/> I108091-99-0	2"x10" Narrow Armrest Pad - Right	No Charge
<input type="checkbox"/> I108092-99-0	2"x14" Narrow Armrest Pad - Right	No Charge

CHOOSE ARMREST PAD LEFT:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I105098-99-0	4"x10" Corpus Armrest Pad Left - Leatherette	No Charge
<input type="checkbox"/> I105102-99-0	4"x13" Corpus Armrest Pad Left - Leatherette	No Charge
<input type="checkbox"/> I107213-99-0	4"x10" Corpus Armrest Pad Left - Black Fabric	No Charge
<input type="checkbox"/> I106046-99-0	4"x13" Corpus Armrest Pad Left - Black Fabric	No Charge
<input type="checkbox"/> I107590-99-0	4"x10" Corpus Arm w/ Permobil Gel Pad - Left	197.00
<input type="checkbox"/> I107592-99-0	4"x13" Corpus Arm w/ Permobil Gel Pad - Left	203.00
<input type="checkbox"/> I108090-99-0	2"x10" Narrow Armrest Pad - Left	No Charge
<input type="checkbox"/> I108093-99-0	2"x14" Narrow Armrest Pad - Left	No Charge

OPTIONAL ITEMS:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I107339-99-0	Armrest Pouch - Right	260.00
<input type="checkbox"/> I107338-99-0	Armrest Pouch - Left	260.00
<input type="checkbox"/> I107840-99-0	UT Armrest Side Support - Right Outer <i>Includes 2"T x 6.5"W tapered pad.</i>	372.00
<input type="checkbox"/> I107863-99-0	UT Armrest Side Support - Left Outer <i>Includes 2"T x 6.5"W tapered pad.</i>	372.00
<input type="checkbox"/> I107864-99-0	UT Armrest Side Support - Right Inner <i>Includes 2"T x 6.5"W tapered pad. May need to increase width between the armrests to ensure armrests will flip-up.</i>	372.00
<input type="checkbox"/> I107865-99-0	UT Armrest Side Support - Left Inner <i>Includes 2"T x 6.5"W tapered pad. May need to increase width between the armrests to ensure armrests will flip-up.</i>	372.00
<input type="checkbox"/> I107839-99-0	UT Elbow Support - Right <i>Must also select PN I10881.</i>	200.00
<input type="checkbox"/> I107838-99-0	UT Elbow Support - Left <i>Must also select PN I10882.</i>	200.00
<input type="checkbox"/> I10881	Adjustable Elbow Support Hardware - Right	291.00
<input type="checkbox"/> I10882	Adjustable Elbow Support Hardware - Left	291.00

Legrest Options

Legrest Options

CENTER MOUNT LEGREST OPTIONS:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I108015-99-0	Center Mount Legrest Options: Manual Elevating Legrest - Center Mount	No Charge
<input type="checkbox"/> I108212-99-0	Center Mount Footplate Options: 2pc Narrow Footplates - 8.5"D x 5.5"W, Short Ext <i>Footplate height range, 7-12.5"</i>	No Charge
<input type="checkbox"/> I108094-99-0	2pc Narrow Footplates - 8.5"D x 5.5"W, Long Ext <i>Footplate height range, 11-16"</i>	No Charge
<input type="checkbox"/> I108156-99-0	2pc Wide Footplates - 9"D x 7.5"W <i>Footplate height range, 11-16" Risk of caster interference possible. Legrest angle must be adjusted to ensure footplates clear casters while driving.</i>	390.00
<input type="checkbox"/> I108203-99-0	Center Mount Calf Support Options: UT Calf Support Kit (B) w Mesh Cover & Adj Hardware <i>3.5"W x 4.5"T Pad.</i>	No Charge
<input type="checkbox"/> I108200-99-0	UT Calf Support Kit (J) w Mesh Cover & Adj Hardware <i>5"W x 6.5"T Pad.</i>	No Charge
<input type="checkbox"/> I108204-99-0	UT Calf Support Kit (A) w Mesh Cover & Adj Hardware <i>5.5"W x 6"T Pad.</i>	No Charge
<input type="checkbox"/> I108201-99-0	UT Calf Support Kit (H) w Mesh Cover & Adj Hardware <i>7"W x 7"T Curved Pad.</i>	404.00
<input type="checkbox"/> I108202-99-0	UT Calf Support Kit (D) w Mesh Cover & Adj Hardware <i>8"W x 8"T Pad.</i>	404.00

SWING AWAY LEGREST OPTIONS:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I108158-99-0	Swing Away Legrest Options: Swing Away Legrest Assembly - Standard, Pair <i>Angle Adjustable from 65-80°. Footplate height range is from 13-16".</i>	305.00
<input type="checkbox"/> I108318-99-0	Swing Away Legrest Assembly - Short, Pair <i>Angle Adjustable from 65-80°. Footplate height range is from 9-12". Calf Supports are not available with this configuration.</i>	305.00
<input type="checkbox"/> I108153-99-0	Swing Away Footplate Options: Small, Multi-Axis Adj. Footplates w/ Heel Loops <i>Footplate size is 5.5"W x 6"L. Only available with 14" seat widths.</i>	54.00
<input type="checkbox"/> I108154-99-0	Medium, Multi-Axis Adj. Footplates w/ Heel Loops <i>Footplate size is 6.5"W x 8"L. Only available with 16 - 18" seat widths.</i>	59.00
<input type="checkbox"/> I108155-99-0	Large, Multi-Axis Adj. Footplates w/ Heel Loops <i>Footplate size is 8.5"W x 10"L. Only available with 20-22" seat widths. Not available with 14" seat depth. The legrest angle will be set to ensure the footplates clear the casters.</i>	68.00
<input type="checkbox"/> I108287-99-0	Swing Away Calf Support Options: SA Calf Support Kit (B) w Mesh Cover <i>Pad size is 3.5"W x 4.5"T.</i>	No Charge
<input type="checkbox"/> I108284-99-0	SA Calf Support Kit (J) w Mesh Cover <i>Pad size is 5"W x 6.5"T.</i>	No Charge
<input type="checkbox"/> I108288-99-0	SA Calf Support Kit (A) w Mesh Cover <i>Pad size is 5.5"W x 6"T.</i>	No Charge
<input type="checkbox"/> I108285-99-0	SA Calf Support Kit (H) w/ Mesh Cover <i>Pad size is 7"W x 7"T, curved pads. The footplates will not flip up with these calf supports.</i>	404.00

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	MSRP - CA
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Legrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	MSRP - CA
	SET FOOTPLATE HEIGHT AT: _____ <i>This is measured from the SEAT PAN to the top of the FOOTPLATE, when the legrest assembly is at 90°. Do NOT include cushion thickness in your measurement. In one inch increments, please indicate desired footplate height. NOTE: The footplate height must be set at least 2" less than the seat height. Height may need to be reduced for shipping.</i>	

Accessories

MUST CHOOSE POSITIONING BELT:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I100518-99-0	Positioning Belt	No Charge
<input type="checkbox"/> I104520-99-0	Bodypoint Padded Hip Belt - Medium	148.00
<input type="checkbox"/> I104516-99-0	Bodypoint Padded Hip Belt - Large	203.00

HEADREST OPTIONS:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I107470-99-0	Permobil 7"W Headrest w/ Link Hardware <i>Must also select I107480-99-0 or I107481-99-0.</i>	452.00
<input type="checkbox"/> I107469-99-0	Permobil 10"W Headrest w/ Link Hardware <i>Must also select I107480-99-0 or I107481-99-0.</i>	452.00
<input type="checkbox"/> I107468-99-0	Permobil 14"W Headrest w/ Link Hardware <i>Must also select I107480-99-0 or I107481-99-0.</i>	452.00
<input type="checkbox"/> I107480-99-0	Adj/Removable Headrest Link Hardware - Standard	314.00
<input type="checkbox"/> I107481-99-0	Adj/Removable Headrest Link Hardware - Extended <i>Includes an additional 3" link to extend headrest pad range.</i>	339.00
<input type="checkbox"/> I11307	Swing Away Facial Pad Assembly 4"L x 2"T <i>Mount on Upper Left:_____ Mount on Upper Right:_____</i>	500.00
<input type="checkbox"/> I11308	Swing Away Facial Pad Assembly 6"L x 2"T <i>Mount on Upper Left:_____ Mount on Upper Right:_____</i>	500.00

OPTIONAL ITEMS:

Part Number	Description	MSRP - CA
<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>	384.00
<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>	384.00
<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 Left:_____ Mount Amp Suppt on Right:_____</i>	137.00
<input type="checkbox"/> I106104-99-0	UT Hip Suppt (B) w/ Mesh Cover - High (Pair) <i>4.5"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	313.00
<input type="checkbox"/> I106103-99-0	UT Hip Suppt (A) w/ Mesh Cover - High (Pair) <i>6"W x 5.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	313.00
<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>	508.00
<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>	508.00
<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>	508.00
<input type="checkbox"/> I10550	Adj Removable - Thigh Support Hardware (Pair)	137.00
<input type="checkbox"/> I105260-99-0	Transfer Handles, Corpus Seat	528.00
<input type="checkbox"/> I106210-99-0	RAM Self-Leveling Cup Holder	91.00
<input type="checkbox"/> I106806-99-0	RAM X-Grip Phone Holder	91.00

Accessories

OPTIONAL ITEMS:

Part Number	Description	MSRP - CA
<input type="checkbox"/> I107100-99-0	RAM X-Grip 10" Tablet Holder w/Swing Away Mount <i>Compatible with most 10" screen tablets with or without a protective case. Includes adjustable swing away mount. Note: Customization may be required if ordered along with an Omni.</i>	504.00
<input type="checkbox"/> I105805-99-0	Medical Necessities Bag Hooks <i>Please Note: Recline is limited to 165° or less (depending on backrest height) when ordering with 23" or 24" tall Ergo backrest. Custom required if ordered with a ROHO AGILITY backrest.</i>	99.00
<input type="checkbox"/> I102059-99-0	Medical Necessities Bag <i>Includes hardware to attach bag to backrest. Please Note: Recline is limited to 165° or less (depending on backrest height) when ordering with a 23" or 24" tall Ergo backrest. Custom required if ordered with a ROHO AGILITY backrest.</i>	280.00
<input type="checkbox"/> I108336-99-0	Repositioning Handles for 1" Diameter Tube	466.00
<input type="checkbox"/> I10843	Small Angle Adjustable Tray <i>Must also select PN I10556.</i>	469.00
<input type="checkbox"/> I10556	Adj Removable - Tray Hardware (1 Each) <i>Mount on Left: _____ Mount on Right: _____</i>	137.00
<input type="checkbox"/> I108231-99-0	Permobil Adjustable Tray - 11"W	345.00
<input type="checkbox"/> I108230-99-0	Permobil Adjustable Tray - 13"W	345.00
<input type="checkbox"/> I108228-99-0	Permobil Adjustable Tray - 15"W	345.00
<input type="checkbox"/> I108227-99-0	Permobil Adjustable Tray - 17"W	345.00
<input type="checkbox"/> I108229-99-0	Permobil Adjustable Tray - 19"W	345.00
<input type="checkbox"/> I108232-99-0	Permobil Tray Hardware Right Side Adjustable	250.00
<input type="checkbox"/> I108233-99-0	Permobil Tray Hardware Left Side Adjustable	250.00
<input type="checkbox"/> I108107-99-0	Crutch Holder for 1" Diameter Tube	354.00
<input type="checkbox"/> I108106-99-0	O2 Holder for 1" Diameter Tube	341.00

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, LTD. 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.