



SEATING + POSITIONING

OBSS Shape System

Client Assessment Equipment

Order Form & Price List

Effective Date 02/07/2018

Account Information

Date Account Number

Bill To

Phone Number Fax Number

Email Address Buyer

P.O. Number Patient Name

Ship To

Name

Address

City State/Zip Code

Phone Number

Please complete this form and return to Permobil by fax OR click the button to send via email.

Order Quote Only

Notes:

