



*** Indicates a Required Field**

Dealer Information

Order ID: _____

***ATP:** _____

Dealer Code: _____

***Dealer Name:** _____

Address: _____

***City:** _____

*** State/Zip:** _____

*** Phone#:** _____

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: _____

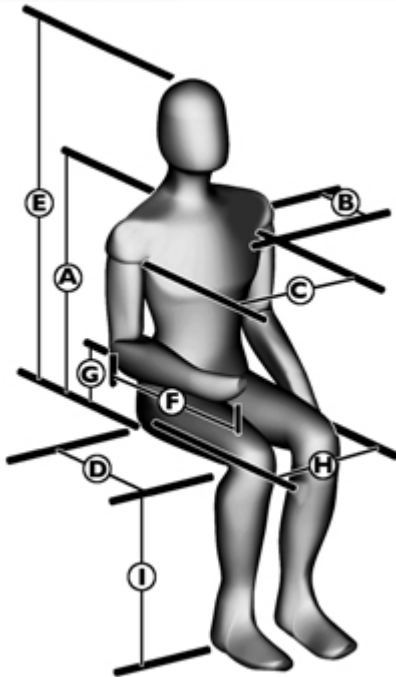
E) Top of Head: _____

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@permobil.com

Permobil Inc.
 300 Duke Dr.
 Lebanon, TN 37090
 Tel: (800) 736-0925
 Fax: (800) 231-3256
www.permobil.com

Prices effective **April 01, 2018**

M1 - SPO

Chair Model and Colors

CHOOSE BASE:

Part Number	Description	Price	HCPSC Code
<input checked="" type="checkbox"/> I108006-99-0	M1 Base - SPO <i>Price Includes: MWD M1 Power Base Set Up For One Power Seat Function, FlexLink Suspension System, 7" Flat Free Casters, Tie-Down Hardware for Strap Systems and Charger. Max Speed = 5mph, Weight Capacity = 300lbs, STFH = 16".</i>	7,895.00	K0856

CHOOSE DRIVE TIRES:

Part Number	Description	Price	HCPSC Code
<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	Price	HCPSC Code
<input type="checkbox"/> I107976-99-0	Pneumatic/Snow Tire 3"W x 14"T Black <i>Snow tires are designed for use in cold weather conditions. The nylon compound in these tires remains flexible at low temperatures, but wears more easily. Therefore, the snow tires (sold as wheel assemblies) are not recommended for year-long use and must be ordered along with standard drive wheels. Does not include caster wheels.</i>	470.00	

CHOOSE SHROUD COLOR:

Part Number	Description	Price	HCPSC Code
<input type="checkbox"/> I107967-99-0	M1 Color Kit - Sunburst Orange	No Charge	
<input type="checkbox"/> I107968-99-0	M1 Color Kit - Galactic Green	No Charge	
<input type="checkbox"/> I107969-99-0	M1 Color Kit - Midnight Black	No Charge	
<input type="checkbox"/> I107970-99-0	M1 Color Kit - Ocean Blue	No Charge	
<input type="checkbox"/> I107971-99-0	M1 Color Kit - Power Pink	No Charge	
<input type="checkbox"/> I107973-99-0	M1 Color Kit - Radiant Red	No Charge	
<input type="checkbox"/> I108205-99-0	M1 Color Kit - Mossy Oak Break-Up Country	204.00	
<input type="checkbox"/> I108206-99-0	M1 Color Kit - Carbon Fiber	204.00	
<input type="checkbox"/> I108207-99-0	M1 Color Kit - CDG Poly	204.00	

Base Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPSC Code
	PLEASE NOTE: <i>Additional parts are required to change the seat to floor height in the field.</i>		
<input type="checkbox"/> I108021-99-0	Seat to Floor Height - 16"	No Charge	
<input type="checkbox"/> I108022-99-0	Seat to Floor Height - 17"	No Charge	
<input type="checkbox"/> I108023-99-0	Seat to Floor Height - 18"	No Charge	

MUST CHOOSE BATTERIES:

Part Number	Description	Price	HCPSC Code
<input checked="" type="checkbox"/> I107032-99-0	Batteries, Grp 34 (60Ah) Sealed Gel, x2, Installed	960.00	E2359

OPTIONAL ITEMS:

Part Number	Description	Price	HCPSC Code
<input type="checkbox"/> I107998-99-0	Enhanced Steering Perform Unit (ESP), R-net	1,519.00	K0108
<input type="checkbox"/> I101161-99-0	PP1A Programmer - VR2	567.00	
<input type="checkbox"/> ID51113	Programming Key for R-net - Permobil Version	526.00	

Joystick Options

CHOOSE JOYSTICK TYPE:

Part Number	Description	Price	HCPSC Code
<input type="checkbox"/> I103613-99-0	VR2 Advanced Joystick <i>Non expandable joystick capable of controlling up to 2 power functions through the joystick.</i>	No Charge	
<input type="checkbox"/> I11237	VR2 90 Amp Upgrade <i>Select this option to upgrade the power module on a tilt only chair to allow future addition of power elevating legrests.</i>	206.00	

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Joystick Options

CHOOSE JOYSTICK TYPE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I108319-99-0	Permobil Joystick Module <i>Designed exclusively for Permobil, this R-net color joystick features: control of up to 4 Bluetooth devices, Infrared control, programmable buttons and a programmable switch jack; all in a compact, durable Aluminum housing.</i>	1,082.00	
<input type="checkbox"/> I108289-99-0	R-net LED Remote Joystick <i>This Joystick does NOT have a Display Screen and does NOT contain mono jacks. Limited to five profiles with this Joystick Module.</i>	No Charge	

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	127.00	E2324
<input type="checkbox"/> I100961-99-0	"T" Handle For Joystick Knob	179.00	E2323
<input type="checkbox"/> I100962-99-0	"Large Ball" For Joystick Knob	127.00	E2323
<input type="checkbox"/> I100963-99-0	"Softball" For Joystick Knob	167.00	E2323
<input type="checkbox"/> I100964-99-0	"Mushroom" For Joystick Knob	167.00	E2323
<input type="checkbox"/> I100965-99-0	"Stick" For Joystick Knob	167.00	E2323
<input type="checkbox"/> I105442-99-0	1.75" Black Foam Ball For Joystick Knob	127.00	E2323
<input type="checkbox"/> I105846-99-0	Bodypoint J/S Handle 3" U-Shaped w/ Flex-Shaft	167.00	E2323
<input type="checkbox"/> I105847-99-0	Bodypoint J/S Handle 4" U-Shaped w/ Flex-Shaft	167.00	E2323
<input type="checkbox"/> I105848-99-0	Bodypoint J/S Handle Dome Shaped, Rubber	167.00	E2323

CHOOSE JOYSTICK MOUNT:

Part Number	Description	Price	HCPCS Code
<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	503.00	E1028
<input type="checkbox"/> I108038-99-0	Slimline Retractable Joystick Mount - Left	503.00	E1028
<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>	273.00	E1028
<input type="checkbox"/> I108311-99-0	Mount Standard JS on Back Cane as Attendant Control	344.00	

OPTIONAL ITEMS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I11238	Expandable Controller - R-net <i>This item is required with upgrade to R-net electronics or when ordering an Alternative Drive Control.</i>	699.00	E2377
<input type="checkbox"/> I10513	Harness for Expandable Controller <i>Must be ordered with any Expandable Controller.</i>	620.00	E2313
<input type="checkbox"/> I108312-99-0	Attendant Control R-Net for 1" Diameter Tube	1,372.00	E2331

Seating System

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I107978-99-0	50° Power Tilt - M1 <i>Backrest angle can be manually adjusted up to 110°. A 1/2 speed limitation is applied when the tilt angle is > or = to 20°.</i>	6,995.00	E1002
<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>	220.00	

Seating System Options

CHOOSE SEAT FUNCTION CONTROL TYPE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I11239	Single Seat Function Control - No Charge	No Charge	

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Seating System Options

CHOOSE SEAT FUNCTION CONTROL TYPE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I11240	Single Seat Function Control <i>For operation of 1 power seat function through the wheelchair electronics via the drive controls.</i>	1,932.00	E2310
<input type="checkbox"/> I11280	Multiple Seat Function Control <i>For operation of two or more power seat functions through the wheelchair electronics via the drive control.</i>	3,657.00	E2311

Backrest Options

CHOOSE TUBULAR BACKREST FRAME:

Part Number	Description	Price	HCPCS Code
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.</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	

CURVED, SOLID BACKREST OPTIONS:

Part Number	Description	Price	HCPCS Code
PLEASE NOTE: <i>The Curved, Solid Backrests will come with a leatherette backrest cushion. The backrest shell will be set 3" above the seat pan.</i>			
<input type="checkbox"/> I108086-99-0	Curved, Solid Backrest - 14"W x 16"T	No Charge	
<input type="checkbox"/> I108085-99-0	Curved, Solid Backrest - 16"W x 20"T	No Charge	
<input type="checkbox"/> I108087-99-0	Curved, Solid Backrest - 18"W x 20"T	No Charge	
<input type="checkbox"/> I108088-99-0	Curved, Solid Backrest - 20"W x 20"T	No Charge	
<input type="checkbox"/> I108089-99-0	Curved, Solid Backrest - 22"W x 20"T	No Charge	
<input type="checkbox"/> I11231	Omit Backrest	No Charge	

ROHO AGILITY BACKREST OPTIONS:

Part Number	Description	Price	HCPCS Code
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 <i>Shell Width (14", 16", 18", 20"W): _____ Shell Height (16", 18", 20"H): _____</i>	665.00	E2620
<input type="checkbox"/> I11220	ROHO AGILITY Max Contour Back System <i>Shell Width (14", 16", 18", 20"W): _____ Shell Height (16", 18", 20"H): _____</i>	779.00	E2620

Seat Sizing

CHOOSE SEAT WIDTH:

Part Number	Description	Price	HCPCS Code
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	

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Seat Sizing

CHOOSE SEAT WIDTH:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I107984-99-0	Set Seat Width at 22"	No Charge	

CHOOSE SEAT DEPTH:

Part Number	Description	Price	HCPCS Code
	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" <i>User weight cannot exceed 165lbs.</i>	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	Price	HCPCS Code
	PLEASE NOTE: <i>ROHO seat cushions may not be available to fit all width & depth seat size combinations.</i>		
<input type="checkbox"/> I11222	ROHO AirLITE Cushion < 22"W <i>Registered in PDAC under ROHO model numbers AL1414HD - AL2018HD.</i>	188.00	E2605
<input type="checkbox"/> I11166	ROHO QUADTRO SELECT HIGH PROFILE < 22"W <i>Registered in PDAC under ROHO model numbers QS98C - QS1114C.</i>	586.00	E2624
<input type="checkbox"/> I11167	ROHO QUADTRO SELECT HIGH PROFILE > or = 22"W <i>Registered in PDAC under ROHO model numbers QS128C - QS1413C.</i>	628.00	E2625
<input type="checkbox"/> I11223	ROHO Hybrid Elite SR Cushion < 22"W <i>Registered in PDAC under ROHO model numbers 1RHE1414C-SR - 1RHE2020C-SR.</i>	530.00	E2622
<input type="checkbox"/> I11224	ROHO Hybrid Elite SR Cushion - 22"W <i>Registered in PDAC under ROHO model numbers 1RHE2218C-SR - 1RHE2220C-SR.</i>	552.00	E2623
<input type="checkbox"/> I107505-99-0	ROHO Smart Check Device <i>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.</i>	254.00	K0108
<input type="checkbox"/> I105118-99-0	Omit Seat Cushion	No Charge	

Armrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
	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	Price	HCPCS Code
<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"/> I106486-99-0	4"x10" Corpus Arm w/ Stealth Gel Pad - Right	175.00	

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Armrest Options

CHOOSE ARMREST PAD RIGHT:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I106488-99-0	4"x13" Corpus Arm w/ Stealth Gel Pad - Right	180.00	
<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	Price	HCPCS Code
<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"/> I106487-99-0	4"x10" Corpus Arm w/ Stealth Gel Pad - Left	175.00	
<input type="checkbox"/> I106489-99-0	4"x13" Corpus Arm w/ Stealth Gel Pad - Left	180.00	
<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	Price	HCPCS Code
<input type="checkbox"/> I107339-99-0	Armrest Pouch - Right	244.00	
<input type="checkbox"/> I107338-99-0	Armrest Pouch - Left	244.00	
<input type="checkbox"/> I107840-99-0	UT Armrest Side Support - Right Outer <i>Includes 2"T x 6.5"W tapered pad.</i>	352.00	
<input type="checkbox"/> I107863-99-0	UT Armrest Side Support - Left Outer <i>Includes 2"T x 6.5"W tapered pad.</i>	352.00	
<input type="checkbox"/> I107864-99-0	UT Armrest Side Support - Right Inner <i>Includes 2"T x 6.5"W tapered pad. May require an increase to the width between the armrests to ensure armrests will flip-up.</i>	352.00	
<input type="checkbox"/> I107865-99-0	UT Armrest Side Support - Left Inner <i>Includes 2"T x 6.5"W tapered pad. May require an increase to the width between the armrests to ensure armrests will flip-up.</i>	352.00	
<input type="checkbox"/> I107839-99-0	UT Elbow Support - Right <i>Must also select PN I10881.</i>	174.00	K0108
<input type="checkbox"/> I107838-99-0	UT Elbow Support - Left <i>Must also select PN I10882.</i>	174.00	K0108
<input type="checkbox"/> I10881	Adjustable Elbow Support Hardware - Right	256.00	
<input type="checkbox"/> I10882	Adjustable Elbow Support Hardware - Left	256.00	

Legrest Options

CHOOSE LEGREST OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I108015-99-0	Manual Elevating Legrest - Center Mount	No Charge	
<input type="checkbox"/> I108016-99-0	Power Elevating Legrest - 140° - Center Mount	2,995.00	E1012

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I108212-99-0	2pc Narrow Footplates - 8.5"D x 5.5"W, Short <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 <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"</i>	269.00	

SET FOOTPLATE HEIGHT AT: _____

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. Higher footplate heights may be possible depending upon configuration. Height may need to be reduced for shipping.

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Legrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I108203-99-0	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>	384.00	
<input type="checkbox"/> I108202-99-0	UT Calf Support Kit (D) w Mesh Cover & Adj Hardware <i>8"W x 8"T Pad.</i>	384.00	

Accessories

MUST CHOOSE POSITIONING BELT:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100518-99-0	Positioning Belt	No Charge	
<input type="checkbox"/> I104520-99-0	Bodypoint Padded Hip Belt - Medium	153.00	
<input type="checkbox"/> I104516-99-0	Bodypoint Padded Hip Belt - Large	204.00	

HEADREST OPTIONS:

Part Number	Description	Price	HCPCS Code
<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>	397.00	E0955
<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>	397.00	E0955
<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>	397.00	E0955
<input type="checkbox"/> I107480-99-0	Adj/Removable Headrest Link Hardware - Standard	273.00	E1028
<input type="checkbox"/> I107481-99-0	Adj/Removable Headrest Link Hardware - Extended <i>Includes an additional 3" link to extend headrest pad range.</i>	294.00	E1028

OPTIONAL ITEMS:

Part Number	Description	Price	HCPCS Code
<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>	165.00	E1020
<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>	165.00	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 Left: _____ Mount Amp Suppt on Right: _____</i>	280.00	
<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>	288.00	E0956
<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>	288.00	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>	288.00	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>	288.00	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>	288.00	E0956
<input type="checkbox"/> I10550	Adj Removable - Thigh Support Hardware (Pair)	551.00	E1028
<input type="checkbox"/> I105260-99-0	Transfer Handles, Corpus Seat	503.00	K0108
<input type="checkbox"/> I108336-99-0	Repositioning Handles for 1" Diameter Tube	447.00	
<input type="checkbox"/> I106210-99-0	RAM Self-Leveling Cup Holder	85.00	

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Accessories

OPTIONAL ITEMS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I106806-99-0	RAM X-Grip Phone Holder	85.00	
<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 (I103476-99-0). Customization may be required if ordered with an Omni.</i>	427.00	
<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 ordered with 23" or 24" tall Ergo backrest. Custom required if ordered with a ROHO AGILITY backrest.</i>	101.00	K0108
<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>	293.00	
<input type="checkbox"/> I10843	Small Angle Adjustable Tray <i>Must also select PN I10556. Mount on Left: _____ Mount on Right: _____</i>	309.00	E0950
<input type="checkbox"/> I10556	Adj Removable - Tray Hardware (1 Each)	280.00	
<input type="checkbox"/> I108107-99-0	Crutch Holder for 1" Diameter Tube	275.00	E2207
<input type="checkbox"/> I108106-99-0	O2 Holder for 1" Diameter Tube	275.00	

Alternative Drive Systems

ALTERNATIVE PROPORTIONAL JOYSTICK SYSTEMS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10751	Mini-Joystick for Omni - (9-pin connector) <i>Operating Force = 0.5 oz (13 g) Neutral to Full Deflection = 0.2" (5mm)</i>	3,314.00	E2312
<input type="checkbox"/> I103893-99-0	Compact Joystick for Omni - (9-pin connector) <i>Operating Force = 7.8 oz (220 g) Neutral to Full Deflection = 1.1" (28mm) Joystick includes two 1/8" mono jacks for Mode and On/Off. Includes Standard Joystick Knob and 1.75" (42mm) Foam Ball Knob.</i>	1,621.00	E2373
<input type="checkbox"/> I103894-99-0	Compact Joystick LITE for Omni - (9-pin connector) <i>Operating Force = 1.8 oz (50 g) Neutral to Full Deflection = 0.7" (17mm) Joystick includes two 1/8" mono jacks for Mode and On/Off. Includes Standard Joystick Knob and 1.75" (42mm) Foam Ball Knob.</i>	1,834.00	E2373

ALT PROPORTIONAL JOYSTICK MOUNTING HARDWARE:

Part Number	Description	Price	HCPCS Code
NOTE: <i>Please see the PERMOfix Mounting Solutions, within the Alt Drive Accessories section, for additional mounting options.</i>			
<input type="checkbox"/> I104690-99-0	Alt JS Swing Away Mount Kit - Armrest <i>Mount in front of Left Arm: _____ Mount in front of Right Arm: _____</i>	284.00	E1028
<input type="checkbox"/> I107135-99-0	Alt JS / Omni Combo Swing Away Mount Kit - Armrest <i>Used to mount Omni and Alternative Proportional Joystick to the same armrest. Includes Swing Away Omni/Tablet Mount, with a longer mounting rod, two PERMOfix modules, one 3" rod and one 4" rod. Mount in front of Left Arm: _____ Mount in front of Right Arm: _____</i>	537.00	E1028
<input type="checkbox"/> I104695-99-0	Alt JS Adjustable Mount Kit - Midline <i>Mount on Left Arm: _____ Mount on Right Arm: _____</i>	833.00	E1028
<input type="checkbox"/> I10752	Haims Harness for Chin Control Mount, Large <i>For neck width up to 7½".</i>	629.00	E1028
<input type="checkbox"/> I10753	Haims Harness for Chin Control Mount, Small <i>For neck width up to 5½".</i>	629.00	E1028

ALT PROPORTIONAL JOYSTICK ACCESSORIES:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I104904-99-0	Dual Switches for Compact Joystick - Fixed Mount <i>Includes two pushbutton switches mounted on rigid arms. Switches can be used for Mode & On/Off. Switch operation force = 4.5oz (130 g) Mount at front of Joystick: _____ Mount at rear of Joystick: _____ Mount at left of Joystick: _____ Mount at right of Joystick: _____</i>	263.00	

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Alternative Drive Systems

ALT PROPORTIONAL JOYSTICK ACCESSORIES:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I104641-99-0	Dual Switches for Compact Joystick -Gooseneck Mount <i>Includes two pushbutton switches mounted on adjustable gooseneck arms. Switches are positioned on Left and Right sides of Compact Joystick. Switches can be used for Mode & On/Off. Switch operation force = 4.5oz (130 g)</i>	474.00	

SIP & PUFF SYSTEMS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10573	Sip & Puff System for Omni <i>Requires Omni Control Module. Includes breath tube kit.</i>	1,773.00	E2325,E2326
<input type="checkbox"/> I10574	Sip & Puff System with Fiber Optic Opti-Stop <i>Requires Omni Control Module. Includes breath tube kit.</i>	2,360.00	E2325,E2326
<input type="checkbox"/> I106807-99-0	Sip & Puff Kit for Total Control Head Array <i>For use with Total Control Head Array. Requires Omni Control Module. Includes breath tube kit.</i>	914.00	E2325
<input type="checkbox"/> I10762	Adjustable Mounting Hrdw - Sip & Puff <i>Required when selecting PN I10573, I10574 or I106807-99-0.</i>	284.00	

Total Control Head Array

CONFIGURE HEAD ARRAY:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I106805-99-0	Permobil Head Array - 3-Switch System <i>Features an occipital pad sensor and two stainless steel arms configured with proximity sensors. The arms are mounted to the upper attachment points on the head array. Longer arms are also included to extend the sensor adjustment range. ESP recommended. Choose Omni Control Module (ID51154IR) separately.</i>	4,893.00	E2330
<input type="checkbox"/> I11072	Program Head Array as a 5-Switch System <i>Select additional arms/sensors below and indicate the intended use of each sensor in the Notes & Comments section. Choose Omni Control Module (ID51154IR) separately.</i>	No Charge	

CHOOSE OCCIPITAL PAD SIZE (REQUIRED):

<input type="checkbox"/> I105920-99-0	Small Occipital Pad for Head Array - 4.25"W x 3"H	No Charge	
<input type="checkbox"/> I105921-99-0	Large Occipital Pad for Head Array - 6"W x 4"H	No Charge	

CHOOSE OCCIPITAL MOUNT (REQUIRED):

<input type="checkbox"/> I10847	Fixed Mount for Head Array Occipital Pad	No Charge	
<input type="checkbox"/> I105936-99-0	Adj. Swivel Mount for Head Array Occipital Pad <i>Enables Occipital Pad to be angled up/down and left/right independent of the lateral arms.</i>	439.00	K0108

CHOOSE HEAD ARRAY MOUNT HARDWARE (REQUIRED):

<input type="checkbox"/> I105927-99-0	Stealth TWB480 Backrest Mounting Hdwr with Links <i>Please select the length of the vertical stem below: Standard length (10"): _____ Short length (6"): _____</i>	293.00	E1028
<input type="checkbox"/> I105941-99-0	Stealth TWB480 Backrest Mnt Hdwr with Flipback	473.00	E1028
<input type="checkbox"/> I105925-99-0	Stealth HMO475 MultiAxis Backrest Mounting Hdwr	260.00	E1028
<input type="checkbox"/> I106319-99-0	Stealth TWB480 Backrest Mnt Hdwr w SubOcptl Mount	508.00	E1028
<input type="checkbox"/> I106282-99-0	Stealth 600 SubOccipital Pad - 8.5" W x 2.75" H <i>Must select when PN I106319-99-0 is ordered.</i>	104.00	K0108

SELECT ADDITIONAL LEFT ARM PACKAGE (OPTIONAL):

<input type="checkbox"/> I10976	Add Left Lateral Arm w Proximity Sensor <i>Choose Lateral Arm Adjustment Range: Short (5.5" - 10"): _____ Long (5.5" - 14"): _____</i>	630.00	
<input type="checkbox"/> I10977	Add Left Lateral Arm w Egg Switch <i>Choose Lateral Arm Adjustment Range: Short (5.5" - 10"): _____ Long (5.5" - 14"): _____</i>	515.00	

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Total Control Head Array

CONFIGURE HEAD ARRAY:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10978	Add Left Lateral Arm w Pad (No Sensor or Switch) <i>Choose Lateral Arm Adjustment Range: Short (5.5" - 10"): _____ Long (5.5" - 14"): _____</i>	420.00	
SELECT ADDITIONAL RIGHT ARM PACKAGE (OPTIONAL):			
<input type="checkbox"/> I10979	Add Right Lateral Arm w Proximity Sensor <i>Choose Lateral Arm Adjustment Range: Short (5.5" - 10"): _____ Long (5.5" - 14"): _____</i>	630.00	
<input type="checkbox"/> I10980	Add Right Lateral Arm w Egg Switch <i>Choose Lateral Arm Adjustment Range: Short (5.5" - 10"): _____ Long (5.5" - 14"): _____</i>	515.00	
<input type="checkbox"/> I10981	Add Right Lateral Arm w Pad (No Sensor or Switch) <i>Choose Lateral Arm Adjustment Range: Short (5.5" - 10"): _____ Long (5.5" - 14"): _____</i>	420.00	

Alt Drive Systems Setup

CHOOSE OMNI (REQUIRED):

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> ID51154IR	Omni Control Module for R-net w/ Infrared <i>Must also select mounting hardware, either I103476-99-0 or I107135-99-0. Please specify which type of alternative drive input you will be using if not ordering it from Permobil. Input Device: _____</i>	1,843.00	
<input type="checkbox"/> I103476-99-0	Adjustable Swing-Away Hardware - Omni/Tablet <i>Mount in front of Left Arm: _____ Mount in front of Right Arm: _____</i>	284.00	

Alt Drive Accessories

PERMOFIX MOUNTING SOLUTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I106655-99-0	PERMOfix UniTrack Fixed Mount Kit <i>Includes two base joints, two 4" rods and one 8" rod.</i>	286.00	
<input type="checkbox"/> I106656-99-0	PERMOfix UniTrack Removable Mount Kit <i>Includes quick release mount and thigh support hardware, two base joints and three different length rods.</i>	502.00	
<input type="checkbox"/> I106657-99-0	PERMOfix UniTrack Swing Away Mount Kit <i>Includes PERMOfix Swing Away module, two base joints, one 2" rod and one 4" rod.</i>	719.00	
<input type="checkbox"/> I105907-99-0	Proximity Sensor + Swivel Assembly <i>Only available with the Total Control Head Array. Swivel assembly allows sensor to be mounted with PERMOfix or directly to lateral arm of Total Control Head Array. Since Proximity Sensors require power, they CANNOT be used as On/Off switches.</i>	363.00	E1028
<input type="checkbox"/> I105919-99-0	Egg Switch + Swivel Mount Assembly <i>Swivel assembly allows switch to be mounted with PERMOfix or directly to lateral arm of Total Control Head Array.</i>	245.00	
<input type="checkbox"/> I105912-99-0	Solid Oval Pad + Swivel Assembly <i>Swivel assembly allows pad to be mounted with PERMOfix or directly to lateral arm of Total Control Head Array.</i>	148.00	
<input type="checkbox"/> I106675-99-0	Oval Plate + Swivel Assembly - No Switch <i>Blank plate provides mounting option for Micro Lite, Buddy Button or other switch options. Swivel assembly allows pad to be mounted with PERMOfix or directly to lateral arm of Total Control Head Array.</i>	130.00	

OPTIONAL ITEMS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I101769-99-0	Micro Lite Switch Qty: _____	198.00	
<input type="checkbox"/> I101767-99-0	Buddy Button Qty: _____	167.00	
<input type="checkbox"/> I106293-99-0	Egg Switch Black Qty: _____	167.00	
<input type="checkbox"/> I101771-99-0	Mini Cup Switch Qty: _____	167.00	
<input type="checkbox"/> I107500-99-0	Proximity Switch Qty: _____	662.00	

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Alt Drive Accessories

OPTIONAL ITEMS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I107495-99-0	Mini Joystick 5 Switch OC for Omni - (9-pin)	718.00	
<input type="checkbox"/> I107498-99-0	Touch Contact with CR2032 Battery Qty: _____	408.00	
<input type="checkbox"/> I10772	Dome Switch, Backrest Mnt w Gooseneck Qty: _____ <i>Mount on Left: _____ Mount on Right: _____</i> <i>Mounts at top of backrest shell. Custom charge may be applied if ordering with short backrest heights Kit Includes: One PERMOfix joint with Flat Plate, two PERMOfix joints with 45° swivel adjustment, one 6" rod, one 8" rod and one 9" gooseneck switch with 50" cable and mounting clamp.</i>	524.00	
<input type="checkbox"/> I10846	Dome Switch, Backrest Swg Awy Mnt w Gsneck Qty: _____ <i>Mount on Left: _____ Mount on Right: _____</i> <i>w 90° Swing-Away Function. Mounts at top of back. Custom charge applies if ordered with short back. Kit Includes: One PERMOfix joint with Flat Plate, one PERMOfix joint with 45° swivel adjustment, two 6" rods, one 90° Swing-Away joint, one 9" gooseneck switch w 50" cable and mounting clamp.</i>	775.00	K0108
<input type="checkbox"/> I105935-99-0	3.5mm Ext. Cable for Sensor/Switch, 0.3m Long	33.00	
<input type="checkbox"/> I105931-99-0	3.5mm Ext. Cable for Sensor/Switch, 1m Long	36.00	
<input type="checkbox"/> I105932-99-0	3.5mm Ext. Cable for Sensor/Switch, 2m Long	42.00	
<input type="checkbox"/> I105933-99-0	3.5mm Ext. Cable for Sensor/Switch, 3m Long	46.00	
<input type="checkbox"/> I105934-99-0	3.5mm Y-splitter Cable for Sensor/Switch <i>Allows two Proximity Sensors/Mechanical Switches to connect to the same direction jack.</i>	36.00	

Additional Order Instructions (for Permobil):

Notes & Comments (not for Permobil):

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. *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.*