**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:** This back is for a 16” wide and a 13” high shell with a back shell depth of 3”. Is that correct for your client?

[ ] Yes  [ ] No

If no, please contact ROHO Customer Care for the correct order form.

**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.

**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.

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

STEP 1: This back is for a 16” wide and a 20” high shell with a back shell depth of 7”. Is that correct for your client?

☐ Yes  ☐ No

If no, please contact ROHO Customer Care for the correct order form.

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 location1, you would like our team to know about this custom AGILITY back.

____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________

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

Special instructions:

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.

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:

100 North Florida Ave • Belleville, IL 62221-5429 • USA
U.S.: 800 851 3449 • 618 277 9173 • fax 888 551 3449
Outside U.S.: 618 277 9150 • fax 618 277 6518
Website: www.roho.com • E-mail: cc@roho.com

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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.