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.

GROUP #1 - MID RIGHT

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 to customize your backrest.

20” Width x 18” Length
AGILITY Max Contour

TO BE COMPLETED BY PERMOBIL:
CUSTOMER SUPPORT REPRESENTATIVE

Line No.
Order No.

ORDER DATE _________________________

Quote  □ PO# ____________________________

Provider/Distributor Name: ________________________________________________
Account #: __________________________
Shipping Address: ________________________________________________________
Contact: ____________________________ Email: ____________________________
Phone: ____________________________ Email: ____________________________
Billing Address: __________________________________________________________