

Account Information

Date Account Number

Patient: First Name Last Name

Phone Number Fax Number

Email Address Primary Contact

P.O. Number

Ship To

Name

Address

City State/Zip Code

Phone Number

Order Quote Only

Digital file name (xxxxx_xxxxx.xxx):

* Quote pricing valid for six months from date quoted.

The information provided in this document is confidential and is intended solely for use by Permobil.

OBSS Ortho-Shape Back

Order Form

Effective Date 04/12/2018



In order to ensure efficient delivery of your product, please make sure to include all 3 items with your order:

- Purchase order
- Digital file
- Completed order form

Permobil

Email: fabrication@ottobock.com
orders.obss@permobil.com

Notes: Customers are encouraged to provide special instructions and sketches to ensure successful fabrication.

Large empty rectangular box for customer notes and instructions.

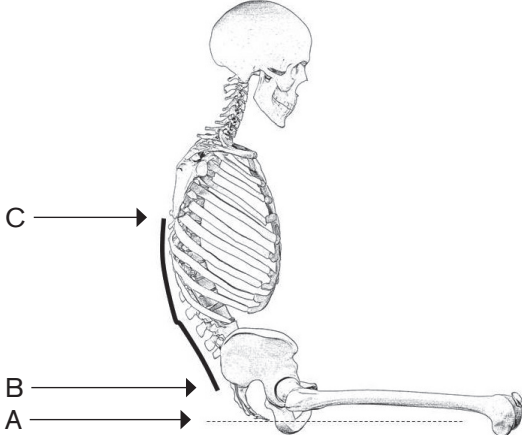
Please follow the steps below and provide all requested information.

1. Client evaluation to determine back support length (L).

A—seat support surface
 B—start of back support surface
 C—end of back support surface

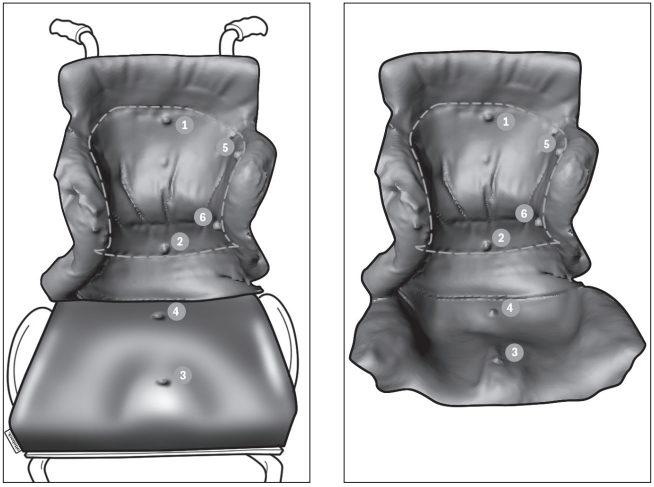
Distance BC: in.

Distance AB: in.



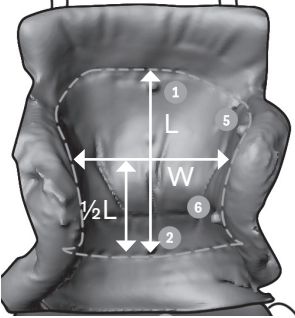
2. Mold client. Create 6 orientation marks. Clearly identify perimeter trim lines. Scan.

OBSS Ortho-Shape Back with OTS cushion OBSS Ortho-Shape Back with custom cushion



Note: Fabrication will remove the seat portion during processing.

3. Measure trim lines on mold to confirm product size.



Use straight line distance measures:

Back Support Length—L: in.

Back Support Width (at 1/2A)—W: in.

NOTES:

- Finished Plastazote® liner extends 1" beyond edge of ABS shell.
- Difference in width between wheelchair back canes and back support can be no more than 5".
- Discrepancies greater than +/- 1" between the listed measurements and the scanned trimlines will result in a pending hold for verification.
- Backs with "wraparound laterals" cannot be carved. Therefore, any wraparound lateral will be shaped to a maximum 90 degree bend.

4. Wheelchair information

If Manual Wheelchair:

Wheelchair width to outside of back canes: in.

Back Cane Height from Seat Rail: in.

If Power Wheelchair,

Name:

Model:


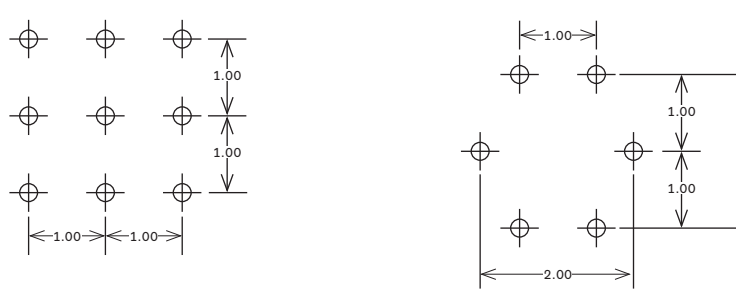
5. Send order to: fabrication@ottobock.com

A complete order includes:

- Completed order form
- Digital file
- Purchase order

For more information, please visit our web site at <https://professionals.ottobockus.com/>

| OBSS Ortho-Shape Positioning Wheelchair Back | | | | | |
|--|-------|--|--|-----------------------|---------|
| Maximum user weight capacity Manual wheelchair – 300 lbs Power wheelchair – 450 lbs | | | | | |
| 6364854 | E2617 | Custom contoured back support including single molded Plastazote® liner or machine washable Evolight Microclimate upholstery, ABS shell with carbon fiber graphic overlay and mounting hardware. | | | \$2,200 |
| Mounting Hardware (must choose hardware to match backrest height listed on page 2 box #3) | | | | | |
| Manual Wheelchairs | | Back Length | Back Cane Diameter | Units Required | |
| 473D50=SK003 | | <10" | 7/8" or 1" | 2 | +\$200 |
| 473D50=SK014 | | <10" | 1 1/8" or 1 1/4" | 2 | +\$200 |
| 473D50=SK003 | | 10"–20" | 7/8" or 1" | 4 | +\$400 |
| 473D50=SK014 | | 10"–20" | 1 1/8" or 1 1/4" | 4 | +\$400 |
| 473D50=SK003 | | >20" | 7/8" or 1" | 6 | +\$600 |
| 473D50=SK014 | | >20" | 1 1/8" or 1 1/4" | 6 | +\$600 |
| For Wheelchairs Without Back Canes (Power Chairs) | | | | | |
| (check one) | | Back Length | Description | | |
| 473D50=SK015 | K0108 | <16" | Ortho Shape Back HW, Pwr Frame, size 1 | | \$600 |
| 473D50=SK033 | K0108 | >16" | Ortho Shape Back HW, Pwr Frame, size 2 | | \$600 |
| Omit hardware | | | | | N/C |

| Liners/Covers | | | |
|-------------------|--|--|-------|
| (must choose one) | Single molded Plastazote® liner | Machine washable Evolight Microclimate upholstery with black spacer fabric cover | N/C |
| 473D50=ST001 | Extra/replacement machine washable Evolight Microclimate upholstery | | \$300 |
| 6364840 | Additional Plastazote® liners (price per liner, approx. 5/8" growth per liner): Liner #1 (spare closest to patient) Liner #2 (growth) Liner #3 (growth) | | \$438 |
| 6364868 | Soft spot (location must be identified on scanned file—only with Plastazote® liners) | | \$371 |
| Head Support | | | |
| 6364912 | <p>Head support (molded mounting surface and T-nut pattern to specifications selected below)</p> <p>Position: Both Horizontal and Vertical Needed</p> <p>Horizontal position: Vertical position:</p> <p>Center Offset from top edge: <input type="text" value=""/> in.</p> <p>Offset patient's right: <input type="text" value=""/> in. (default is 3" to center of bracket pattern)</p> <p>Offset patient's left: <input type="text" value=""/> in.</p> <p>Pattern:</p> <p>All NUTECT headrests except NUTECT Rock-n-Lock) NUTECT Rock-n-Lock headrest only</p>  <p>3x3 Whitmeyer</p>  | | \$75 |