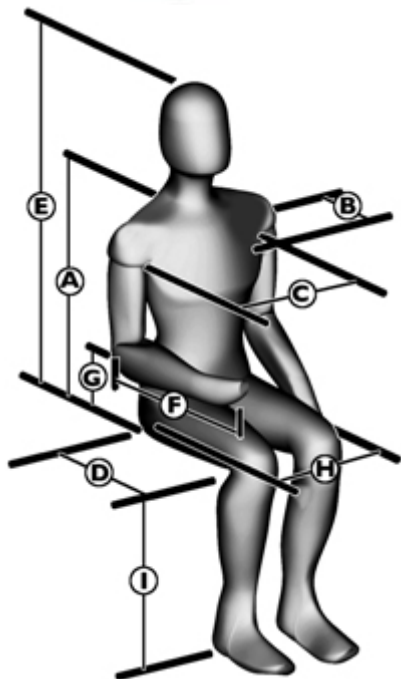


# C300 Corpus Tilt



**\* Indicates a Required Field**

## Dealer Information

\* **Contact:** \_\_\_\_\_

Dealer Code: \_\_\_\_\_

\* **Dealer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\* **City:** \_\_\_\_\_

\* **State/Zip:** \_\_\_\_\_

\* **Phone#:** \_\_\_\_\_

\* **Fax#:** \_\_\_\_\_

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@permobilus.com](mailto:sales@permobilus.com)

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

Prices effective **January 16, 2012.**

# C300 Corpus Tilt

## Chair Model and Colors

### CHOOSE BASE:

| Part Number                                      | Description   | Price    | HCPCS Code  |
|--|---|----------|-------------|
| <input checked="" type="checkbox"/> I103615-99-0 | C300 Base Corpus VR2 - C300 PS1<br><i>Price Includes: FWD C300 Power Base Set Up Power Tilt, Shock Absorbing Suspension System, VR2 Advanced Controller, Tie Down Hardware for Strap Systems, Anti-Tippers, Charger, Tri-Spoke Split Rim with Flat Free Drive Tires, Platinum Silver Hubcaps, and Standard Positioning Belt. Substitution of items from other order forms is not allowed on this configuration. 5.0mph, Weight Capacity = 265lbs, STFH = 17.5".</i> | 6,645.00 | K0856/K0011 |

### OPTIONAL DRIVE TIRES:

| Part Number                     | Description   | Price  | HCPCS Code |
|---------------------------------|---|--------|------------|
| <input type="checkbox"/> I10782 | Tri-Spoke Split Rim w/ Snow Tire Pneumatic 3x8"<br><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.</i> | 407.00 |            |

### CHOOSE SHROUD COLOR:

| Part Number                           | Description                                 | Price     | HCPCS Code |
|---------------------------------------|---|-----------|------------|
| <input type="checkbox"/> I105761-99-0 | C300/K300 Shroud - Cobalt Blue (New Style!) | No Charge |            |
| <input type="checkbox"/> I105763-99-0 | C300/K300 Shroud - Onyx Black (New Style!)  | No Charge |            |

## Base Options

### MUST CHOOSE EITHER SEAT ELEVATOR OR FIXED SEAT TUBE:

| Part Number                           | Description                              | Price     | HCPCS Code |
|---------------------------------------|--|-----------|------------|
| <input type="checkbox"/> I101995-99-0 | Fixed Seat Tube for Tilt                 | No Charge |            |
| <input type="checkbox"/> I101997-99-0 | Power Adjustable Seat Height - 8" Travel | 2,518.00  | E2300      |

### MUST CHOOSE BATTERIES:

| Part Number  | Description  | Price  | HCPCS Code |
|--|--|--------|------------|
| <input checked="" type="checkbox"/> IM34 SLDG - REQD | Batteries, Grp 34 (60Ah) Sealed LA/Gel, Installed<br><i>Batteries MUST be selected with this configuration</i> | 771.00 | E2359      |

### OPTIONAL ITEMS:

| Part Number                           | Description   | Price  | HCPCS Code |
|---------------------------------------|---|--------|------------|
| <input type="checkbox"/> I602307-99-0 | P+ PP1A Programmer - VSI, VR2 or Pilot+ Controllers | 623.00 |            |

## Permolock

### OPTIONAL ITEMS:

| Part Number                           | Description   | Price    | HCPCS Code |
|---------------------------------------|---|----------|------------|
| <input type="checkbox"/> I104680-99-0 | Permolock C3 Locking Base<br><i>Kit Includes: Permolock C3 Locking Base, Owner's Manual, Manual Release Handle, and Vehicle Mounted Release Button. Does NOT include Dual Locking Pin Kit (I10608). Locking Base must be installed by a NMEDA Dealer. Please provide the NMEDA Dealer and Address where the locking Base will ship to:<br/>NAME: _____<br/>ADDR: _____</i>  | 1,860.00 |            |
| <input type="checkbox"/> I10608       | Permolock C3 Dual Locking Pin Kit- C/K300, M-Series<br><i>This kit includes two spring loaded pins that will be mounted underneath the base of the wheelchair. These pins are spring loaded so they push into the wheelchair base when an obstacle is encountered. The kit also includes spacers that may be used if the Permolock C3 Base is being mounted in a vehicle with a sloped floor. The spacers are only needed for a C300 or K300.</i> | 623.00   |            |

## Joystick Options

### CHOOSE JOYSTICK TYPE:

| Part Number                                      | Description   | Price     | HCPCS Code |
|--|---|-----------|------------|
| <input checked="" type="checkbox"/> I103613-99-0 | VR2 Advanced Joystick<br><i>Non expandable joystick capable of controlling tilt and a seat elevator through the joystick.</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           | 99.00     | E2324      |

# C300 Corpus Tilt

## Joystick Options

### CHOOSE JOYSTICK HANDLE TYPE:

| Part Number                           | Description                                    | Price  | HCPSC Code |
|---------------------------------------|--|--------|------------|
| <input type="checkbox"/> I100961-99-0 | "T" Handle For Joystick Knob                   | 145.00 | E2323      |
| <input type="checkbox"/> I100962-99-0 | "Large Ball" For Joystick Knob                 | 99.00  | E2323      |
| <input type="checkbox"/> I100963-99-0 | "Softball" For Joystick Knob                   | 133.00 | E2323      |
| <input type="checkbox"/> I100964-99-0 | "Mushroom" For Joystick Knob                   | 133.00 | E2323      |
| <input type="checkbox"/> I100965-99-0 | "Stick" For Joystick Knob                      | 133.00 | E2323      |
| <input type="checkbox"/> IPC101B      | Bodypoint J/S Handle 3" U-Shaped w/ Flex-Shaft | 133.00 | E2323      |
| <input type="checkbox"/> IPC102B      | Bodypoint J/S Handle 4" U-Shaped w/ Flex-Shaft | 133.00 | E2323      |
| <input type="checkbox"/> IPC107B      | Bodypoint J/S Handle Dome Shaped, Rubber       | 133.00 | E2323      |

### CHOOSE JOYSTICK MOUNT:

| Part Number                           | Description                                 | Price     | HCPSC Code |
|---------------------------------------|---|-----------|------------|
| <input type="checkbox"/> I10468       | Joystick Mount Right - Fixed, VR2           | No Charge |            |
| <input type="checkbox"/> I10469       | Joystick Mount Left - Fixed, VR2            | No Charge |            |
| <input type="checkbox"/> I10470       | Joystick Mount Right - Swing Away, VR2      | 306.00    | E1028      |
| <input type="checkbox"/> I10471       | Joystick Mount Left - Swing Away, VR2       | 306.00    | E1028      |
| <input type="checkbox"/> I103820-99-0 | Retractable Joystick Mnt Right - R-net, VR2 | 510.00    | E1028      |
| <input type="checkbox"/> I103819-99-0 | Retractable Joystick Mnt Left - R-net, VR2  | 510.00    | E1028      |

## Seating System

### CHOOSE ONE OF THE FOLLOWING:

| Part Number                                      | Description   | Price    | HCPSC Code |
|--|---|----------|------------|
|  | This Configuration of the Corpus Seat Includes:<br><i>Corpus Seat Frame, 45° CG Power Tilt, Manual Recline, Manual Elevating Non-Articulating Legrests, 14"L Leatherette Armrests, Height Adjustable Armrest Assembly with Arms Mounted in the Tall Position, and Two Piece Corpus Footplates. User Weight Limit = 265 lbs.</i> |          |            |
| <input checked="" type="checkbox"/> I101988-99-0 | Corpus Seat with 45° CG Pwr Tilt & Manual Recline<br><i>Includes 45° Center of Gravity Tilt and Manual Adjustable Backrest Angle.</i>   | 6,484.00 | E1002      |

## Seating System Options

### CHOOSE SEAT FUNCTION CONTROL TYPE:

| Part Number                                | Description   | Price    | HCPSC Code |
|--|---|----------|------------|
| <input checked="" type="checkbox"/> I10509 | Single Seat Function Ctrl Kit - C300 Tilt Only<br><i>This item must be selected. For operation of a single seat function through the wheelchair electronics via the VR2 Advanced Joystick Module.</i> | 1,540.00 | E2310      |

### OPTIONAL ITEMS:

| Part Number                           | Description  | Price    | HCPSC Code |
|---------------------------------------|--|----------|------------|
| <input type="checkbox"/> I104769-99-0 | Remote Stop System - All Electronics<br><i>Consists of a Radio Frequency (RF) handheld transmitter and an RF receiver mounted on the wheelchair. Each transmitter and receiver is a serialized matched pair, meaning they must be used together. Custom charge may be required if ordering with a low backrest height or a pediatric wheelchair. If ordering Remote Stop System with a K450, push handles must also be selected.</i> | 1,032.00 |            |

## Backrest Options

### CHOOSE ONE OF THE FOLLOWING:

| Part Number                           | Description   | Price  | HCPSC Code |
|---------------------------------------|---|--------|------------|
|                                       | BACKREST HEIGHT NOTE:<br><i>Backrest heights are measured from the seat pan to the top of the backrest shell with the backrest set at 90°. Ergo Backs include lateral wedges and lumbar pads.</i> |        |            |
| <input type="checkbox"/> I101853-99-0 | Ergo Back Fixed 14" W x 21" H - Leatherette   | 878.00 | E2620      |
| <input type="checkbox"/> I101863-99-0 | Ergo Back Fixed 14"W x 26.5" High - Leatherette   | 878.00 | E2620      |
| <input type="checkbox"/> I101854-99-0 | Ergo Back Sliding 16"W x 21"H - Leatherette   | 878.00 | E2620      |
| <input type="checkbox"/> I101861-99-0 | Ergo Back Sliding 16"W x 26.5" H - Leatherette  | 878.00 | E2620      |
| <input type="checkbox"/> I101855-99-0 | Ergo Back Sliding 18"W x 21"H - Leatherette   | 878.00 | E2620      |
| <input type="checkbox"/> I101862-99-0 | Ergo Back Sliding 18"W x 26.5"H - Leatherette   | 878.00 | E2620      |

## C300 Corpus Tilt

### Backrest Options

#### CHOOSE ONE OF THE FOLLOWING:

| Part Number                     | Description   | Price     | HCPCS Code |
|---------------------------------|---|-----------|------------|
| <input type="checkbox"/> I10472 | Solid Back 16"W x 26.5"H - C300 Corpus Tilt Only<br><i>Includes Fixed Mounting Hdw, Lateral Wedges, Leatherette Cushion, and Lumbar Pads.</i> | No Charge |            |
| <input type="checkbox"/> I10473 | Solid Back 18"W x 26.5"H - C300 Corpus Tilt Only<br><i>Includes Fixed Mounting Hdw, Lateral Wedges, Leatherette Cushion, and Lumbar Pads.</i> | No Charge |            |

#### OPTIONAL ITEMS:

| Part Number                     | Description   | Price     | HCPCS Code |
|---------------------------------|---|-----------|------------|
| <input type="checkbox"/> I10318 | ROHO Backrest Cushion For Ergo Back<br><i>Price Includes: ROHO MID PROFILE Backrest Cushion which will be matched to fit the Ergonomic Backrest that you select. Approximate height of MID PROFILE cells is 3" in their inflated state. Also includes a Mesh Cover for the ROHO Backrest Cushion, Hand Pump, and Patch Kit. This will NOT fit these part numbers: (I10004, I10005, I10111, I10112, I305510-00-90-0). Please indicate below if you would like to OMIT the Ergo Back Cushion.</i> | 655.00    |            |
| <input type="checkbox"/> I10319 | ROHO Backrest Cushion For Ergo Back - Notched<br><i>Recommended ROHO cushion when ordering Lateral Trunk Supports. Please indicate below if you would like to OMIT the Ergo Back Cushion.</i>   | 655.00    |            |
| <input type="checkbox"/> I10320 | Omit Ergonomic Backrest Cushion   | No Charge |            |

### Seat Sizing

#### CHOOSE ONE OF THE FOLLOWING:

| Part Number                           | Description             | Price     | HCPCS Code |
|---------------------------------------|-------------------------|-----------|------------|
| <input type="checkbox"/> I103479-99-0 | Corpus Seat 17"W x 18"D | No Charge |            |
| <input type="checkbox"/> I103480-99-0 | Corpus Seat 17"W x 20"D | No Charge |            |
| <input type="checkbox"/> I103482-99-0 | Corpus Seat 19"W x 18"D | No Charge |            |
| <input type="checkbox"/> I103483-99-0 | Corpus Seat 19"W x 20"D | No Charge |            |

#### OPTIONAL ITEMS:

| Part Number                     | Description   | Price  | HCPCS Code  |
|---------------------------------|---|--------|-------------|
| <input type="checkbox"/> I10038 | Ergonomic Seat Cushion Leatherette<br><i>Not available with seat widths less than 16" or seat depths less than 14".</i> | 497.00 | E2601,E2602 |

### Armrest Options

#### CHOOSE ONE OF THE FOLLOWING:

| Part Number                                | Description  | Price     | HCPCS Code |
|--|--|-----------|------------|
| <input checked="" type="checkbox"/> I10016 | Height Adjustable Armrest Assembly - No Charge<br><i>No charge with power tilt and/or recline.</i> | No Charge |            |

#### OPTIONAL ITEMS:

| Part Number                                      | Description  | Price     | HCPCS Code |
|--|--|-----------|------------|
| <input checked="" type="checkbox"/> I103342-99-0 | 4"x14" Corpus Arm Left - Dual Taper, Leatherette   | No Charge |            |
| <input checked="" type="checkbox"/> I103343-99-0 | 4"x14" Corpus Arm Right - Dual Taper, Leatherette  | No Charge |            |
| <input checked="" type="checkbox"/> I101003-99-0 | Armrest Mount High<br><i>Range of adjustment in high position is 11" - 13.5" measured from the seat pan to the top of the armrest pad.</i> | No Charge |            |
| <input type="checkbox"/> I304968-99-0            | Corpus Armbar for 18" Btw the Arms - Installed   | 278.00    |            |
| <input type="checkbox"/> I10001                  | Corpus Armbar for 20" Btw the Arms - Installed   | 309.00    |            |
| <input type="checkbox"/> I100523-99-0            | Armrest Height Ext (+2")   | 131.00    |            |
| <input type="checkbox"/> I100671-99-0            | Armrest Pouch-Right  | 199.00    |            |
| <input type="checkbox"/> I100672-99-0            | Armrest Pouch-Left   | 199.00    |            |

### Legrest Options

#### CHOOSE ONE OF THE FOLLOWING:

| Part Number                                      | Description                             | Price     | HCPCS Code |
|--|---|-----------|------------|
| <input checked="" type="checkbox"/> I101276-99-0 | Legrest Assm. 2pc Footplates (Complete) | No Charge |            |

#### CHOOSE ONE OF THE FOLLOWING:

| Part Number                                      | Description                         | Price     | HCPCS Code |
|--|-------------------------------------|-----------|------------|
| <input checked="" type="checkbox"/> I102206-99-0 | Manual Adjustment Legrest Elevation | No Charge |            |

# C300 Corpus Tilt

## Legrest Options

### OPTIONAL ITEMS:

| Part Number                           | Description   | Price  | HCPCS Code |
|---------------------------------------|---|--------|------------|
| <input type="checkbox"/> I10474       | UT Calf Support Kit (J) w Mesh Cover & Adj Hardware<br><i>5"W x 6.5"T Pad.</i>      | 306.00 | E1028      |
| <input type="checkbox"/> I102978-99-0 | UT Calf Support Kit (H) w Mesh Cover & Adj Hardware<br><i>7"W x 7"T Curved Pad.</i> | 327.00 | E1028      |

## Accessories

### OPTIONAL ITEMS:

| Part Number                              | Description  | Price     | HCPCS Code |
|--|--|-----------|------------|
| <input type="checkbox"/> I10400          | Bodypoint Non-Padded Hip Belt, UniTrack - Medium   | No Charge |            |
| <input type="checkbox"/> I10404          | Bodypoint Padded Hip Belt UniTrack (C300) - Medium   | 118.00    | E0978      |
| <input type="checkbox"/> I10402          | Bodypoint Non-Padded Hip Belt, UniTrack - Large  | 97.00     | E0978      |
| <input type="checkbox"/> I10408          | Bodypoint Padded Hip Belt UniTrack - Large   | 163.00    | E0978      |
| <input type="checkbox"/> I100519-99-0    | Positioning Belt Retractable   | 246.00    | K0108      |
| <input type="checkbox"/> I100600-99-0    | Positioning Belt Retractable Long  | 267.00    | K0108      |
| <input type="checkbox"/> I104131-99-0    | Headrest for Ergo Back w/ Curved Mount Brkt - Leath<br><i>Must also select PN I10552. This part consists of a leatherette headrest pad (10"W x 5"T) with a 10"L slotted, curved mounting bracket.</i>  | 276.00    | E0955      |
| <input type="checkbox"/> I103460-99-0    | UT Ergo Headrest w/ Black Fabric Cover<br><i>Must also select PN I10552.</i>   | 306.00    | E0955      |
| <input type="checkbox"/> I1823249        | UT Lateral Adjustment Bar for UniTrack Headrest<br><i>Allows for approximately 4" of lateral adjustment to the UT Ergo Headrest either right or left. NOTE: Due to the width of this item (approx 9"), it may be necessary to send other items such as back pack clips unmounted. Custom charge may apply with lower back heights.</i> | 58.00     |            |
| <input type="checkbox"/> IHEADADAPTER    | Universal Headrest Adapter<br><i>For aftermarket headrests.</i>  | 211.00    | K0108      |
| <input type="checkbox"/> I10552          | Adj Removable - Headrest Hardware (1 Each)   | 222.00    | E1028      |
| <input type="checkbox"/> I103070-99-0    | UT Amp. Support Pad (H) w/ Mesh Cover - (1 Each)<br><i>7"W x 7"T Curved Pad. Must also select PN I10553.</i>   | 131.00    | E1020      |
| <input type="checkbox"/> I103071-99-0    | UT Amp. Support Pad (D) w/ Mesh Cover - (1 Each)<br><i>8"W x 8"T Flat Pad. Must also select PN I10553.</i>   | 131.00    | E1020      |
| <input type="checkbox"/> I10553          | Adj Removable - Amp Support Hardware (1 Each)<br><i>Please indicate if you would like the amputation support mounted on the right or left side of the seat frame:<br/>Mount Amp Suppt on Left: _____ Mount Amp Suppt on Right: _____</i>   | 222.00    | E1028      |
| <input type="checkbox"/> I103094-99-0    | UT Thigh/Hip Suppt (J) w/ Mesh Cover - High (Pair)<br><i>6.5"W x 5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>  | 236.00    | E0956      |
| <input type="checkbox"/> I103095-99-0    | UT Thigh/Hip Suppt (C) w/ Mesh Cover - High (Pair)<br><i>8"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>  | 236.00    | E0956      |
| <input type="checkbox"/> I102977-99-0    | UT Thigh/Hip Suppt (G) w/ Mesh Cover - High (Pair)<br><i>12"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>   | 236.00    | E0956      |
| <input type="checkbox"/> I10550          | Adj Removable - Thigh Support Hardware (Pair)  | 444.00    | E1028      |
| <input type="checkbox"/> I305266-40-90-0 | Lateral Supports Std. Leatherette-ErgoBack Only<br><i>Must also select PN I10551.</i>  | 258.00    | E0956      |
| <input type="checkbox"/> I100521-99-0    | Swing Away Trunk Supports Leatherette-For Ergo Back<br><i>Must also select PN I10551.</i>  | 262.00    | E0956      |
| <input type="checkbox"/> I10551          | Adj Removable - Trunk Support Hardware (Pair)  | 444.00    | E1028      |
| <input type="checkbox"/> I103651-99-0    | Transfer Handles for UniTrack Accessory Rail   | 409.00    |            |
| <input type="checkbox"/> I100975-99-0    | Push Handles for Ergo Backrest<br><i>Order with Ergonomic or Rectangular Backs. Custom charge may apply if ordering push handles with an articulating vent tray.</i>   | 355.00    |            |
| <input type="checkbox"/> I102059-99-0    | Medical Necessities Bag<br><i>Includes Medical Necessity Bag Clips (Carabiner Style).</i>  | 236.00    |            |
| <input type="checkbox"/> I101473-99-0    | Medical Necessity Bag Clips - Carabiner Style  | 78.00     |            |

# C300 Corpus Tilt

## Accessories

### OPTIONAL ITEMS:

| Part Number                           | Description   | Price  | HCPCS Code |
|---------------------------------------|---|--------|------------|
| <input type="checkbox"/> I105144-99-0 | Bodypoint Monoflex Large Chest Support Belt Kit<br><i>21.5"L x 4.5"W Pad Size. Item will be shipped as parts.</i>   | 149.00 | E0960      |
| <input type="checkbox"/> I105143-99-0 | Bodypoint Monoflex Medium Chest Support Belt Kit<br><i>18.25"L x 4"W Pad Size. Item will be shipped as parts.</i>   | 149.00 | E0960      |
| <input type="checkbox"/> I105145-99-0 | Bodypoint Monoflex X-Lrge Chest Support Belt Kit<br><i>24.5"L x 5"W Pad Size. Item will be shipped as parts.</i>  | 149.00 | E0960      |
| <input type="checkbox"/> I100578-99-0 | Upper Extremity Support Small, Angle Adjustable<br><i>Must also select PN I10556.</i>   | 249.00 | E0950      |
| <input type="checkbox"/> I100575-99-0 | Upper Extremity Support Angle Adjustable. 14" W<br><i>Must also select PN I10556.</i>   | 280.00 | E0950      |
| <input type="checkbox"/> I100576-99-0 | Upper Extremity Support Angle Adjustable. 16" W<br><i>Must also select PN I10556.</i>   | 293.00 | E0950      |
| <input type="checkbox"/> I100577-99-0 | Upper Extremity Support Angle Adjustable. 18" W<br><i>Must also select PN I10556.</i>   | 320.00 | E0950      |
| <input type="checkbox"/> I100571-99-0 | Upper Extremity Support Joystick Cutout 16" W<br><i>Must also select PN I10556.</i>   | 338.00 | E0950      |
| <input type="checkbox"/> I100572-99-0 | Upper Extremity Support Joystick Cutout 18" W<br><i>Must also select PN I10556.</i>   | 338.00 | E0950      |
| <input type="checkbox"/> I103426-99-0 | Upper Extremity Support Angle Adjust - UniTrack<br><i>Side mounted tray that attaches to the UniTrack Accessory Rail. Dimensions are: 19.5"W x 13"D. Can only be ordered with chairs that offer the UniTrack System. Must also select PN I10556.</i>  | 310.00 | E0950      |
| <input type="checkbox"/> I10556       | Adj Removable - Tray Hardware (1 Each)  | 222.00 | E1028      |
| <input type="checkbox"/> I101964-99-0 | Oxygen Holder for PS or Corpus Seat<br><i>Cannot be ordered with a Corpus Tubular Backrest. (I10111 or I10112). Custom charge may be applied if ordering in combination with accessories such as medical necessities bags, attendant controls, push handles, back pack clips, etc. This item is mounted to the Ergonomic Backrest. Customization may be required if ordering on a Street.</i> | 235.00 | E2208      |
| <input type="checkbox"/> I101956-99-0 | Crutch Holder for PS or Corpus Seat<br><i>Cannot be ordered with a Corpus Tubular Backrest. (I10111 or I10112). Accessories such as medical necessities bags and push handles may need to be sent as parts if ordering a crutch holder. This item is mounted to the ergonomic backrest. Customization may be required if ordering on a Street.</i>  | 235.00 | E2207      |

## Stealth Accessories

### OPTIONAL ITEMS:

| Part Number                     | Description   | Price    | HCPCS Code |
|---------------------------------|---|----------|------------|
| <input type="checkbox"/> I10808 | Stealth Ultra Headrest<br><i>Includes Stealth Occipital (500 series) and Sub Occipital (600 series) Pads, bilateral Facial Support Pads (#900) with Stealth Swing Away Hardware (SUS9-B) and Flip Down Headrest Mount (TWB480-FDM). Also includes Universal Headrest Adapter.</i> | 1,295.00 | E0955      |
| <input type="checkbox"/> I10800 | Stealth Swing Away Egg Switch for Ultra Headrest<br><i>Includes Black Egg Switch and Stealth Ultra Swing Away Hardware (SUS9-R). Please indicate if you want switch mounted on left or right side of headrest:<br/>Mount Switch on Left: _____ Mount Switch on Right: _____</i>   | 500.00   | E1028      |
| <input type="checkbox"/> I10801 | Stealth Swing Away Facial Supprt Hdw for Ultra<br><i>Must also select support pad (I10810, I10811, I10812). Please indicate if you want it mounted on left or right side of headrest:<br/>Mount Hardware on Left: _____ Mount Hardware on Right: _____</i>                        | 295.00   | E1028      |
| <input type="checkbox"/> I10810 | Stealth #900 Support Pad (4.5" x 2") - Ultra  | 115.00   | K0108      |
| <input type="checkbox"/> I10811 | Stealth #910 Support Pad (3" x 2") - Ultra  | 115.00   | K0108      |
| <input type="checkbox"/> I10812 | Stealth #920 Support Pad (6.4" x 2") - Ultra  | 115.00   | K0108      |
| <input type="checkbox"/> I10718 | Stealth Comfort Plus Headrest - 8"W (CP480)<br><i>Must also select I10721. Includes Universal Headrest Adapter.</i>   | 335.00   | E0955      |
| <input type="checkbox"/> I10719 | Stealth Comfort Plus Headrest - 10"W (CP280)<br><i>Must also select I10721. Includes Universal Headrest Adapter.</i>  | 335.00   | E0955      |

# C300 Corpus Tilt

## Stealth Accessories

### OPTIONAL ITEMS:

| Part Number                     | Description  | Price  | HCPCS Code |
|---------------------------------|--|--------|------------|
| <input type="checkbox"/> I10720 | Stealth Comfort Plus Headrest - 14"W (CP180)<br><i>Must also select I10721. Includes Universal Headrest Adapter.</i>   | 335.00 | E0955      |
| <input type="checkbox"/> I10721 | Adj Stealth Headrest Hardware - Each (TWB480)  | 227.00 | E1028      |
| <input type="checkbox"/> I10736 | Stealth Swng Away Egg Sw for Comfort Plus Headrest<br><i>Includes Black Egg Switch and Stealth Comfort Plus Swing Away Hardware (CPS9-R). Please indicate if you want switch mounted on left or right side of headrest:<br/>Mount Switch on Left: _____ Mount Switch on Right: _____</i> | 500.00 | E1028      |
| <input type="checkbox"/> I10809 | Stealth Swing Away Facial Supprt Hdw for Cmfrt Plus<br><i>Must also select support pad (I10813, I10814, I10815). Please indicate if you want it mounted on left or right side of headrest:<br/>Mount Hardware on Left: _____ Mount Hardware on Right: _____</i>                          | 295.00 | E1028      |
| <input type="checkbox"/> I10813 | Stealth #900 Support Pad (4.5" x 2") - Cmfrt Plus  | 115.00 | K0108      |
| <input type="checkbox"/> I10814 | Stealth #910 Support Pad (3" x 2") - Cmfrt Plus  | 115.00 | K0108      |
| <input type="checkbox"/> I10815 | Stealth #920 Support Pad (6.4" x 2") - Cmfrt Plus  | 115.00 | K0108      |
| <input type="checkbox"/> I10722 | Stealth Lateral Supports - 6"D x 4"T (TWBLTL-PCS)<br><i>This item will be sent as parts. Must also select I10723. Contains the THIN Profile Stealth Mounting Hardware, which allows for flipping back the armrest for transfers.</i>   | 330.00 | E0956      |
| <input type="checkbox"/> I10723 | Adjustable Stealth Lateral Hardware (Pair)   | 469.00 | E1028      |

Notes & Additional Instructions:

### 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. MID PROFILE® Cushion is a registered trademark of the The ROHO Group. 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.