



Silhouette[®] Model #s SCSC, SCBC



Thank you for using Invacare eForms.

Invacare is pleased to offer you an upgraded solution to your ordering process. Our enhanced order forms allow you to fill out a form electronically, print and fax the form, save and email* it to Customer Service, or maintain the business practices that work for you today. The format has been revised to reveal a cleaner look with electronic selection and input functions.

For additional information please visit www.invacare.com/eForms



Adobe Acrobat Reader DC

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Save

Adobe Acrobat Reader DC allows you to save this form with your content - to complete later or use as a starting point for your next form.

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Submit

Adobe Acrobat Reader DC allows you to submit this form electronically via your email client.

Simply click the submit button below and step through the simple process.

Print

If you do not have access to Adobe Acrobat Reader DC simply print this form and complete it by hand and fax it to our Customer Service Department at:

800-834-4153



Account Information

Request Type: Quote Order

Date: _____

Account #: _____

Company: _____

SHIP TO
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Purchase Order #: _____

CONTACT
Name: _____

Back Up Contact: _____

Phone: _____

Email: _____

Comments: _____

Clip Information

CLIP File Name¹: _____

Data Form: Seat: Sensor SN# _____ Form # _____

Back: Sensor SN# _____ Form # _____

Pindot Sales Rep: _____

¹CLIP file name is to be in the following format:

- 1st Initial of the first name,
- 1st three initials of the last name,
- Invacare Account #.

TO BE SUCCESSFUL!

Send your Quote #/P.O. #, Completed Order Form, 3D CLIP Image, all with matching client reference information.

Before fabrication can start we must receive all of this information.

For best results of fit and function please mold the patient's shape as close to the time of ordering as possible.

Wheelchair Information

Brand: _____

Model: _____

Width: _____

Depth: _____

Patient Information

Male Width at Chest: _____

Female Width at Hips: _____

Mark For*: _____

* Do not provide the patient's name.

On Chair Information (Cushions mounted directly to your chair before shipping)

Chair orders must be placed with the correct company and relay quote # to Pindot

INVACARE

Invacare to mount cushions to NEW Invacare Chair (ProSpin™, Solara™ 3G)

When ordering email this order form and Invacare Chair order form to:
elyriacustomseating@invacare.com or provide quote # below:

Quote#: _____

FREEDOM DESIGNS

Freedom Designs to mount cushions to NEW Freedom Designs Chair

If a Freedom Designs chair quote is to be converted please call 1-800-331-8551.

Cushions will be drop shipped to Freedom Designs.

Quote/PO#: _____



MOTION CONCEPTS

Motion Concepts to mount cushions to NEW Motion Concepts Chair

If a Motion Concepts chair quote is to be converted please call 1-888-433-6818.

Cushions will be drop shipped to Motion Concepts.

Quote/PO#: _____

Seat Cushion HCPCS E2609

SEAT CUSHION DIMENSIONS (SCSC - \$1820)

Cushion Measurements

Width⁽¹⁾⁽²⁾: _____ "

Depth⁽¹⁾⁽²⁾: _____ "

Measured from the back of the digitizer to the place on the client's thigh where you want the cushion to end, add 1"

- 1. Variable from 8" to 26" Wide
- 2. Seat cushion 21" or greater, additional \$75 cost applies

SEAT CUSHION BASE FOAM OPTIONS

Soft Foam

Firm Foam

SEAT CUSHION OVERLAY OPTIONS (OPTIONAL)

VF05 1/2" Visco Foam \$317

VF01 1" Visco Foam \$403

SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09 Softspot - Standard FoamQty: _____\$230

Depth (1/2" - 1"): _____ "

CM09V Softspot - Visco FoamQty: _____\$317

Depth (1/2" - 1"): _____ "

CM30 Recess OnlyQty: _____\$317

Depth (1/2" - 2"): _____ "

SEAT CUSHION COVERING OPTIONS (MUST CHOOSE ONE - \$115)

Select Fabric Cover

CMP Polartek

DT-2R Dartex Reversed

L-14 Red Neoprene Lycra

L-20 Blue Neoprene Lycra

CMS Lycra

L-05 Black Neoprene Lycra

L-15 Teal Neoprene Lycra

L-23 Green Neoprene Lycra

CMD Darlexx

L-06 Gray Neoprene Lycra

L-18 Purple Neoprene Lycra

L-24 Spacer Mesh⁽¹⁾

DT-2 Dartex Standard

L-13 Light Blue Neoprene Lycra

L-19 Burgundy Neoprene Lycra

HCPCS codes are not intended to be, nor should be considered billing or legal advice. Providers are responsible for determining the appropriate billing codes when submitting claims to the Medicare Program and should consult an attorney or other advisor to discuss specific situations in further detail.

Prices subject to change

Additional

SO90 Leg Length Discrepancy\$87

Shorten Left Leg By: _____ " Shorten Right Leg By: _____ "

Longer Leg will be indicated by the overall cushion length

SO16 Growth Style\$87

Length: _____ " + Growth: _____ " = _____ " Total Length

SF05 1/2" Medium Density Foam\$230

SF01 1" Medium Density Foam\$288

CM30G Silicone Pad \$317

STAR14 14" Wide Airflow Insert\$518

STAR16 16" Wide Airflow Insert\$518

STAR18 18" Wide Airflow Insert\$690

For 2-tone fabric selection indicate surface: Contact: _____ Non-Contact: _____



Cover Style

Drawstring.....NC

2-Piece w/Velcro bottom.....NC

1. Spacer Mesh is only an A-Surface option

Zipper w/Velcro Bottom..... Standard

Zipper w/out Velcro Bottom.....NC

SEAT CUSHION ADDITIONAL COVERS (OPTIONAL)

Cover

SO25 Additional Cover.....Qty: _____ \$242

Contact: _____ Non-Contact: _____

S040 Inner Moisture Resistant Zipper Cover..... \$242

Cover Style

Drawstring.....NC

2-Piece w/Velcro bottom.....NC

Zipper w/Velcro Bottom..... Standard

Zipper w/out Velcro Bottom.....NC

SEAT CUSHION MOUNTING OPTIONS⁽¹⁾

CM06T Wood Mount w/T-nuts.....\$322

Specify T-nut Pattern: _____

CM06 Wood Mount w/out T-nuts..... \$242

TFNP New Pindot Pan.....\$322

CTPN Cut Pan..... \$98

TFEP Existing Pindot Pan.....NC

Specify Width: _____ " Specify Height: _____ "

1. If no mounting selected, cushion will have velcro on bottom

SEAT CUSHION MOUNTING HARDWARE OPTIONS

OCMK01 1" J & L Brackets⁽¹⁾..... \$242

OCMK78 7/8" J & L Brackets⁽¹⁾..... \$242

HWWMK01 1" Wood Mounting Kit⁽²⁾ (Flush Mount).....\$282

HWWMK78 7/8" Wood Mounting Kit⁽²⁾ (Flush Mount)..... \$282

HWPMK01 1" Pan Mounting Kit⁽³⁾ (Flush Mount).....\$282

HWPMK78 7/8" Pan Mounting Kit⁽³⁾ (Flush Mount)..... \$282

FDI-538 Econo-Eze Kit (Seat & Back)⁽²⁾.....\$805

OMIT Omit Hardware.....NC

- 1. Rail cut recommended
- 2. Wood mount required
- 3. Pan mount required

SEAT CUSHION MODIFICATIONS

S075 Rail Cut (2" deep std).....\$87

Rail Cut Finished Width: _____ "

S077 Undercut.....\$87

Width: _____ "

CM12 Pelvic Strap Notches.....Qty: _____ \$127

CM20 Strap Slots 1/2" x 1 1/2" std.....Qty: _____ \$219

VH02 Vent Holes.....Qty: _____ \$288

S092 Solid Wood Insert.....\$81

CM33 Crossbrace (6"x 6"x 2" std)..... \$161



Yes, you can.



Silhouette® Model #s SCSC, SCBC

Back Cushion HCPCS E2617

BACK CUSHION DIMENSIONS (SCBC - \$1820)

Cushion Measurements

Width⁽¹⁾⁽²⁾: _____ "

Depth⁽¹⁾⁽²⁾: _____ "

Measured from the grid on Back Shape Sensor prior to filling gap.
If no gap, this will be your overall cushion height.

Additional

SO17 Fill GapNC

Sensor Grid: _____ " + Gap: _____ " = _____ " Total Height

- 1. Variable from 8" to 26" Wide
- 2. Back cushion 21" or greater, additional \$75 cost applies

BACK CUSHION BASE FOAM OPTIONS

Soft Foam

Firm Foam

BACK CUSHION OVERLAY OPTIONS (OPTIONAL)

VF05 1/2" Visco Foam \$317

VF01 1" Visco Foam \$403

SF05 1/2" Medium Density Foam\$230

SF01 1" Medium Density Foam \$288

BACK CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09 Softspot - Standard FoamQty: _____\$230

Depth (1/2" - 1"): _____ "

CM09V Softspot - Visco FoamQty: _____ \$317

Depth (1/2" - 1"): _____ "

BACK CUSHION RECESS OPTIONS (OPTIONAL)

CM30 Recess OnlyQty: _____ \$317

Depth (1/2" - 2"): _____ "

CM30G Silicone Pad \$317

BACK CUSHION COVERING OPTIONS (MUST CHOOSE ONE - \$115)

Select Fabric Cover

CMP Polartek

DT-2R Dartex Reversed

L-14 Red Neoprene Lycra

L-20 Blue Neoprene Lycra

CMS Lycra

L-05 Black Neoprene Lycra

L-15 Teal Neoprene Lycra

L-23 Green Neoprene Lycra

CMD Darlexx

L-06 Gray Neoprene Lycra

L-18 Purple Neoprene Lycra

L-24 Spacer Mesh⁽¹⁾

DT-2 Dartex Standard

L-13 Light Blue Neoprene Lycra

L-19 Burgundy Neoprene Lycra

For 2- tone fabric selection indicate surface: Contact: _____ Non-Contact: _____

Cover Style

DrawstringNC

Zipper w/Velcro Bottom Standard

2-Piece w/Velcro bottomNC

Zipper w/out Velcro BottomNC

1. Spacer Mesh is only an A-Surface option



BACK CUSHION ADDITIONAL COVERS (OPTIONAL)

- Cover
- S015 Additional CoverQty: _____ \$242
Contact: _____ Non-Contact: _____
 - S040 Inner Moisture Resistant Zipper Cover \$242

- Cover Style
- DrawstringNC
 - 2-Piece w/Velcro BottomNC
 - Zipper w/Velcro Bottom..... Standard
 - Zipper w/out Velcro BottomNC

MONOGRAM (OPTIONAL)

- Include Monogram \$75
- Include on Additional Covers \$75

Fabrics Allowed: DT-2, DT-2R, CMS, CMD

Font Style	Font Color	
Block	White	Blue
		Yellow
Cursive	Pink	Red
	Teal	

Inscription

 10 Characters Max

BACK CUSHION MOUNTING OPTIONS

(OPTIONAL - IF NONE SELECTED, CUSHION WILL HAVE VELCRO ON BOTTOM)

- SFK30 Kwik Fit Mounting shell w/ hardware⁽¹⁾⁽²⁾⁽³⁾\$400
Specify Width (Variable 12" to 24"): _____"

- CM06T Wood Mount w/T-nuts..... \$322
Specify T-nut Pattern: _____ Specify Headrest Pattern: _____

1. KwikFit Mounting for Backs will fit between the wheelchair canes.
2. Cushion and Shell will be made 2 1/2" smaller than the wheelchair width indicated.
3. Standard KwikFit Mounted Back will have a 2" curved top.

- TFCS To Fit Shell⁽⁵⁾ \$87
- ELITE Matrix Elite Shell⁽¹⁾⁽²⁾⁽⁵⁾\$633
- ELITE TR Matrix Elite TR Shell⁽³⁾⁽⁴⁾⁽⁵⁾\$633
- ELITE PB Matrix Elite PB Shell⁽³⁾⁽⁴⁾⁽⁵⁾\$633

- CM06 Wood Mount w/out T-nuts.....\$242
- TFNP New Pindot Pan \$322
- TFEP Existing Pindot PanNC
Specify Width: _____" Specify Height: _____"
- PERMMH Matrix Back Interface (Permobil)⁽⁶⁾\$288
- QUANMH Matrix Back Interface (Quantum)⁽⁶⁾\$288
- QUIKMH Matrix Back Interface (Quickie)⁽⁶⁾\$288

1. Standard Widths: 12"-20" - Heights: 10"-20"
2. Heavy-Duty Widths: 20"-30" - Heights: 16"-20". Heavy duty shell SLP \$720. May have to ship separately.
3. Standard Widths: 15"-20" - Heights: 14"-20"
4. Heavy-Duty Widths: 21"-24" - Heights: 16"-20". Heavy duty shell SLP \$720. May have to ship separately.
5. The Zipper with Velcro cover is required when mounting in shell. TFCS for \$75 will be added.

6. Available when shell is ordered: Elite, Elite TR, Elite PB



Yes, you can.®



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BACK CUSHION MOUNTING HARDWARE OPTIONS

- OCMK01 1" J & L Brackets⁽¹⁾\$242
- OCMK78 7/8" J & L Brackets⁽¹⁾\$242
- HWWMK01 1" Wood Mounting Kit⁽²⁾ (Flush Mount)\$282
- HWWMK78 7/8" Wood Mounting Kit⁽²⁾ (Flush Mount)\$282
- HWPMK01 1" Pan Mounting Kit⁽³⁾ (Flush Mount)\$282

- HWPMK78 7/8" Pan Mounting Kit⁽³⁾ (Flush Mount)\$282
- FDI-596 Econo-Eze (4-point, Back)⁽²⁾\$686
- OMIT Omit Hardware.....NC
- HWABK Adjustable Mounting Hardware\$299

1. Rail cut recommended
 2. Wood mount required
 3. Pan Mount Required

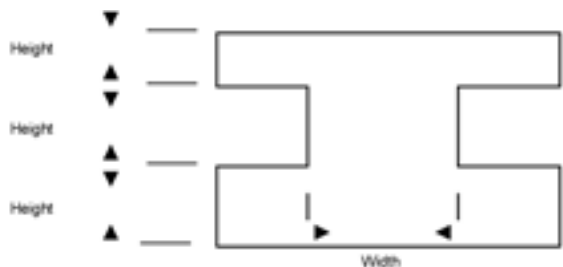
BACK CUSHION MODIFICATIONS

- CM22 Rail Cut (2" deep std) NC

Rail Cut Finished Width: _____"

Rail Cut to PinDot Pan..... \$87

Rail Cut to Kwik Fit \$87



- S076 I-Cut..... \$87

Bottom of Cushion to First Cut: _____"

Bottom of Cushion to Second Cut: _____"

Chest Width: _____"

- CM20 Strap Slots 1/2" x 1 1/2" stdQty: _____ \$219

- VH02 Vent HolesQty: _____ \$288

- S092 Solid Wood Insert..... \$81

EXTENDED TRUNK LATERAL HEIGHT

Right....."

Left....."

EXTENDED LATERAL DEPTH⁽¹⁾

Right....."

Left....."

1. Max Depth is 5.5"

EXTENDED LATERAL THICKNESS

Right....."

Left....."

Accessories (Optional)

- LB07 Small Footplate (Pair)\$271
- LB08 Large Footplate (Pair)\$271
- LT06 Legrest Tops (Pair).....\$271
- SB05 Pelvic Belt \$52
- PDSL M Swing Away Lateral Supports Medium \$334
- PDSL L Swing Away Lateral Supports Large..... \$334

- TR40L Left Lap Tray Receptacle\$161
- TR40R Right Lap Tray Receptacle\$161
- GL10 Dial Links⁽¹⁾.....\$288
- HR15 Headrest Adaptor Plate⁽²⁾..... \$52
- SMB01 Back Mounting Hardware Kit.....\$138
- SMB03 Extended Mounting Bracket.....\$92

1. Seat angle must be > 105 2. Will not work with Freedom T-nut pattern



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