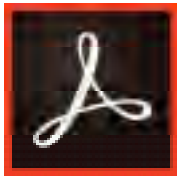# Silhouette®
Custom Basic

pin•dot®
Custom Molded Seating

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

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Adobe Acrobat Reader DC

* Interactive functions of our new forms work best with the latest version of Adobe Acrobat Reader DC visit https://get.adobe.com/reader/ to download and install on your PC or Mac or visit Google Play/ iTunes to download the Adobe Acrobat Reader DC app for your device.

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. Please note that content must be added and saved in Acrobat - saving content from completed forms in the browser may not be possible.

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: _____

_____

Wheelchair Information

Brand: _____

Model: _____

Width: _____

Depth: _____

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.

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#:_____

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

Seat Cushion HCPCS E2609

SEAT CUSHION DIMENSIONS (SCBSC - $1820)

Cushion Measurements

Width$^{(1)(2)}$:_____ "

Depth$^{(1)(2)}$: _____ "

Measurement of the client plus 1"

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

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

SEAT CUSHION BASE FOAM OPTIONS

Soft Foam   Firm Foam

SEAT CUSHION OVERLAY OPTIONS (OPTIONAL)

VF05	1/2" Visco Foam... $317	SF05 1/2" Medium Density Foam..$230
VF01	1" Visco Foam.. $403	SF01 1" Medium Density Foam $288

SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09   Softspot - Standard Foam ....Qty:_____ $230

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

CM09V Softspot - Visco Foam.............................Qty:_____ $317

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

CM30   Recess Only ....Qty:_____ $317

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

CM30G Silicone Pad $317

STAR14 14" Wide Airflow Insert $518

STAR16 16" Wide Airflow Insert $518

STAR18 18" Wide Airflow Insert $690

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	

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

Cover Style

Drawstring..NC

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

Zipper w/Velcro Bottom... Standard

Zipper w/out Velcro Bottom..NC

1. Spacer Mesh is only an A-Surface option

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

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: _____ "

SO77   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

Additional Global Deepening..._____ "

Shift Contour ....Left:_____ "

Right:_____ "

Radius

1"	3"
2"	4" Standard

Wedge

Front to Back (for Anti-Thrust)..._____ "

Back to Front (for Dump)..._____ "

Left to Right (right lower obliquity) ...._____ "

Right to Left (left lower obliquity) ...._____ "

Seat

Female/Male	Dimensions
Width Size	8" to 26" (increase by 0.5" increments)
Depth Size	8" to 26" (increase by 0.5" increments)

Cushion has a minimum thickness of 1.5"
Recess changes minimum thickness to 2"
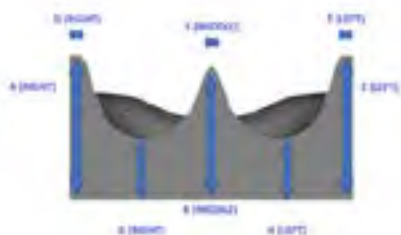
Letter	Dimension Range	Finished Dimension
A (Right)	2" to 7" (increased by increments of 0.5" each)	
B (Middle)	2" to 7" (increased by increments of 0.5" each)	
C (Left)	2" to 7" (increased by increments of 0.5" each)	
D (Right)	1" to 7" (increased by increments of 0.5" each)	
E (Middle)	1" to 7" (increased by increments of 0.5" each)	
F (Left)	1" to 7" (increased by increments of 0.5" each)	
G (Left)	2" to 7" (increased by increments of 0.5" each)	
H (Left)	2" to 7" (increased by increments of 0.5" each)	
Overlay adds additional thickness by increments of 0.5" to 1"		
If a section/sections is not filled in, cushion will be designed at Designers discretion.		
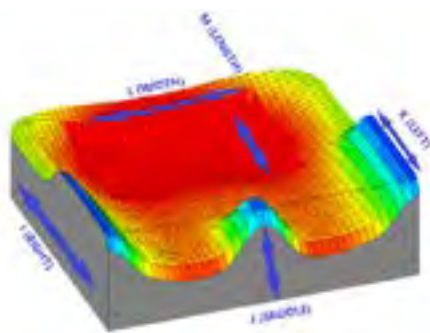
Letter	Dimension Range	Finished Dimension
I (Right)	1" to 26" (increased by increments of 0.5" each) or full length of cushion	
J (Middle)	1" to 26" (increased by increments of 0.5" each) or full length of cushion (front to back)	
K (Left)	1" to 26" (increased by increments of 0.5" each) or full length of cushion	
L (Width)	5" to 21" (increased by increments of 0.5" each)	
M (Length)	5" to 21" (increased by increments of 0.5" each)	
If a section/sections is not filled in, cushion will be designed at Designers discretion.		

Back Cushion HCPCS E2617

BACK CUSHION DIMENSIONS (SCBBC - $1820)

Cushion Measurements

Width$^{(1)(2)}$:_____ "

Depth$^{(1)(2)}$: _____ "

Measurement of the client prior to filling gap.
This will be your overall cushion height.

Additional

SO17   Fill Gap..NC

Client Measurement: _____ " + 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	SF05	1/2" Medium Density Foam...................................$230
VF01	1" Visco Foam...$403	SF01	1" Medium Density Foam.......................................$288

BACK CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09   Softspot - Standard Foam ....Qty:_____ $230

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

CM09V Softspot - Visco Foam.............................Qty:_____ $317

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

BACK CUSHION RECESS OPTIONS (OPTIONAL)

CM30   Recess Only...Qty:_____ $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

Drawstring..NC

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

Zipper w/Velcro Bottom..Standard

Zipper w/out Velcro Bottom ....NC

1. Spacer Mesh is only an A-Surface option

BACK CUSHION ADDITIONAL COVERS (OPTIONAL)
Cover

S015   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

MONOGRAM (OPTIONAL)

Include Monogram $75

Include on Additional Covers....................................... $75

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

Font Style
Block

Cursive

Font Color
White   Blue

Pink   Yellow

Teal   Red

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"): _____"

1. KwickFit 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

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.

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

Specify T-nut Pattern: _____ Specify Headrest Pattern: _____

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

TFNP   New Pindot Pan $322

TFEP   Existing Pindot Pan ....NC

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

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

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)... $75

Rail Cut Finished Width: _____"

           Rail Cut to PinDot Pan.. $87

           Rail Cut to Kwik Fit $87
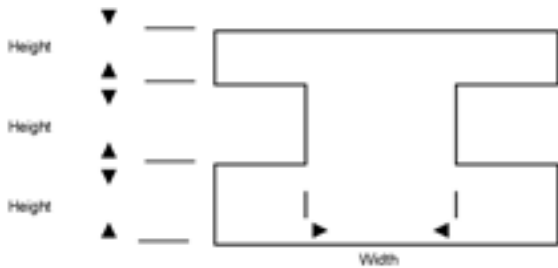
S076   I-Cut.. $87

Bottom of Cushion to First Cut: _____"

Bottom of Cushion to Second Cut:_____"

Chest Width: _____"

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

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

S092   Solid Wood Insert.. $81

Accessories (Optional)

LB07   Small Footplate (Pair)..$271

LB08   Large Footplate (Pair) $271

LT06   Legrest Tops (Pair)..$271

SB05   Pelvic Belt $52

PDSLM Swing Away Lateral Supports Medium $334

PDSLL Swing Away Lateral Supports Large.. $334

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

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

Back

| Female/Male	Dimensions
Width Size	8" to 26" (increase by 0.5" increments)
Depth Size	8" to 26" (increase by 0.5" increments)

Cushion has a minimum thickness of 1.5"
Back Shell changes minimum thickness to 2"
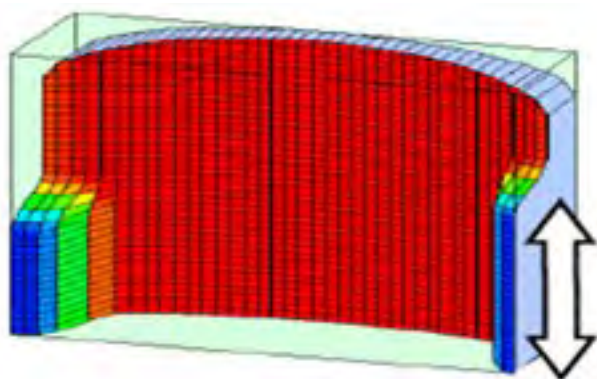
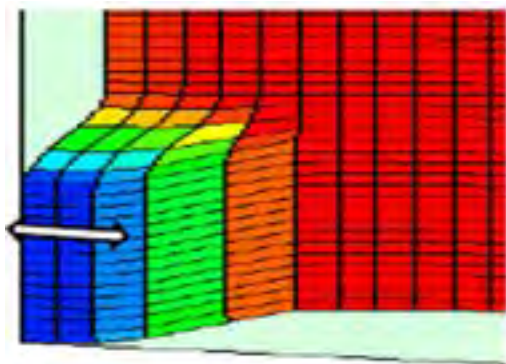## Trunk Lateral Height:

Right: _____ "   Left: _____ "

Trunk Lateral Height	
Right Side	1" to 26" (increased by increments of 0.5" each)
Left Side	1" to 26" (increased by increments of 0.5" each)
If a section/sections is not filled in, cushion will be designed at Designers discretion.	
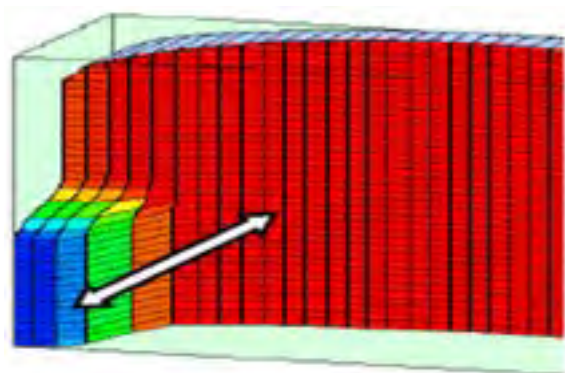
Trunk Lateral Depth:

Right: _____ "   Left: _____ "

Trunk Lateral Depth
1" to 7" (increased by increments of 0.5" each)
Measured from the back of the cushion
If a section/sections is not filled in, cushion will be designed at Designers discretion.

Trunk Lateral Thickness:

Right: _____ "   Left: _____ "

Trunk Lateral Thickness
1" to 26" (increased by increments of 0.5" each)
If a section/sections is not filled in, cushion will be designed at Designers discretion.

Adobe Acrobat Reader DC

* Interactive functions of our new forms work best with the latest version of Adobe Acrobat Reader DC visit https://get.adobe.com/reader/ to download and install on your PC or Mac or visit Google Play/ iTunes to download the Adobe Acrobat Reader DC app for your device.

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800-834-4153