Silhouette®
Custom Basic

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.



Adobe Acrobat Reader DC

Interactive functions of our new forms work best with the latest version of Adobe Acrobat Reader. Visit https://get.adobe.com/reader/ today to download.

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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.

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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

SUBMIT

CLEAR FORM | PRINT FORM

Account Information

Required information highlighted in Yellow - If not filled out, will be a delay in delivery time.

Request Type: Quote ☐ Order ☐

Purchase Order #: _____

Date: _____

CONTACT

Account #: _____

Name: _____

Company: _____

Back-Up Contact: _____

SHIP TO Name: _____

Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Comments: _____

Country: _____

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 Chest: _____

☐ 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

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 -$2,561)

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 $79 cost applies

Additional

☐ SO90 Leg Length Discrepancy $92

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

Longer Leg will be indicated by the overall cushion length

☐ SO16 Growth Style $92

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

SEAT CUSHION BASE FOAM OPTIONS

☐ Soft Foam ☐ Firm Foam

SEAT CUSHION OVERLAY OPTIONS(OPTIONAL)

☐ VF05 1/2" Visco Foam $333

☐ VF01 1" Visco Foam $424

☐ SF05 1/2" Medium Density Foam $242

☐ SF01 1" Medium Density Foam $303

SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

☐ Marked on Mold ☐ "A" Surface

☐ CM09 Softspot - Standard Foam .....Qty: _____ $242

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

☐ CM09V Softspot - Visco Foam .....Qty: _____ $333

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

☐ CM30 Recess Only .....Qty: _____ $333

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

☐ CM30G Silicone Pad $333

SEAT CUSHION COVERING OPTIONS (MUST CHOOSE ONE - $121)

Select Fabric Cover

☐ CMS Lycra
☐ CMD Darlexx
☐ DT-2 Startex Standard
☐ DT-2R Startex Reversed
☐ L05 Black Neoprene Lycra
☐ L06 Gray Neoprene Lycra
☐ L13 Light Blue Neoprene Lycra
☐ L-14 Red Neoprene Lycra
☐ L-15 Teal Neoprene Lycra
☐ L-18 Purple Neoprene Lycra
☐ L-19 Burgundy Neoprene Lycra
☐ L-20 Blue Neoprene Lycra
☐ L-23 Green Neoprene Lycra
☐ L-24 Lycra Spacer Mesh(1)

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

1. Spacer Mesh is only an A-Surface option

Cover Style

- ☐ Drawstring ..... NC
- ☐ 2-Piece w/Velcro Bottom ..... NC
- ☐ Zipper w/ Velcro Bottom ..... NC
- ☐ Zipper w/ out Velcro Bottom ..... NC

SEAT CUSHION ADDITIONAL COVERS (OPTIONAL)

- ☐ S015 Additional Cover ..... Qty: _____ $255
- ☐ S040 Inner Moisture Resistant Zipper Cover $255

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 $339
  Specify T-nut Pattern: _____
- ☐ CM06 Wood Mount w/ out T-nuts $255
- ☐ TFNP New Pindot Pan $339
- ☐ CTPN Cut Pan $103
- ☐ 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] $255
- ☐ OCMK78 7/8" J & L Brackets[1] $255
- ☐ HWWMK01 1" Wood Mounting Kit[2](Flush Mount) $297
- ☐ HWWMK01 7/8" Wood Mounting Kit[2](Flush Mount) $297
- ☐ HWWMK01 1" Pam Mounting Kit[3](Flush Mount) $297
- ☐ HWPMK78 7/8" Pan Mounting Kit[3] (Flush Mount) $297
- ☐ FDI-538 Econo-Eze (Seat & Back)[2] $846
- ☐ OMIT Omit Hardware ..... NC

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

SEAT CUSHION MODIFICATIONS

- ☐ SO75 Rail Cut (2" deep std) $92
  Rail Cut Finished Width: _____"
- ☐ SO77 Undercut $92
- ☐ CM12 Pelvic Strap Notches ..... Qty: _____ $134
- ☐ CM20 Strap Slots 1/2" x 1 1/2" std ..... Qty: _____ $230
- ☐ VH02 Vent Holes ..... Qty: _____ $303
- ☐ S092 Solid Wood Insert $86
- ☐ CM33 Crossbrace (6"x 6"x 2" std) $170
- ☐ Additional Global Deepening ..... _____"
- ☐ Shift Contour ..... Left: _____" Right: _____

Radius

- ☐ 1″
- ☐ 2″
- ☐ 3″
- ☐ 4″ Standard

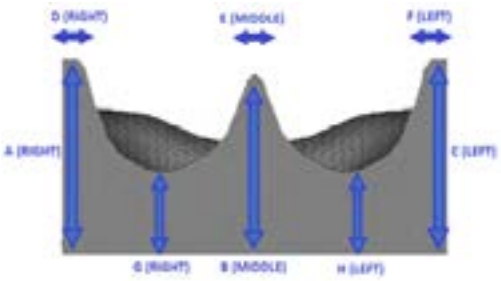
Wedge

- ☐ Front to Back (for Anti-Thrust) ....._____"
- ☐ Back to Front (for Dump) ....._____"
- ☐ Left to Right (right lower obliquity) ....._____"
- ☐ Right to Left (left lower obliquity) ....._____"

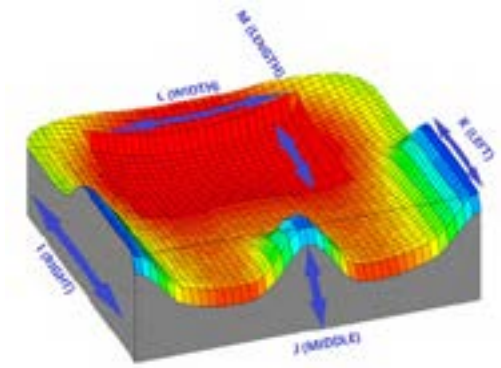
Seat

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"



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 - $2,561)

Cushion Measurements

Width[1][2]: _____"

Depth[1][2]: _____"

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

☐ Marked on Mold ☐ "A" Surface

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 $333

☐ VF01 1" Visco Foam $424

☐ SF05 1/2" Medium Density Foam..... $242

☐ SF01 1" Medium Density Foam $303

BACK CUSHION SOFT SPOT OPTIONS (OPTIONAL)

☐ Marked on Mold ☐ "A" Surface

☐ CM09 Softspot - Standard Foam .....Qty: _____ $242

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

☐ CM09 Softspot - Visco Foam .....Qty: _____ $333

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

BACK CUSHION RECESS OPTIONS (OPTIONAL)

☐ CM30 Recess Only .....Qty: _____ $333

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

☐ CM30G Silicone Pad $333

BACK CUSHION COVERING OPTIONS (MUST CHOOSE ONE - $121)

Select Fabric Cover

☐ CMS Lycra
☐ CMD Darlexx
☐ DT-2 Startex Standard
☐ DT-2R Startex Reversed
☐ L05 Black Neoprene Lycra
☐ L06 Gray Neoprene Lycra
☐ L13 Light Blue Neoprene Lycra
☐ L-14 Red Neoprene Lycra
☐ L-15 Teal Neoprene Lycra
☐ L-18 Purple Neoprene Lycra
☐ L-19 Burgundy Neoprene Lycra
☐ L-20 Blue Neoprene Lycra
☐ L-23 Green Neoprene Lycra
☐ L-24 Lycra Spacer Mesh[1]

1. Spacer Mesh is only an A-Surface option.

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

BACK CUSHION ADDITIONAL COVERS (OPTIONAL)

Cover

☐ S015 Additional Cover .....Qty: _____ $255

Contact: _____ Non-Contact: _____

☐ S040 Inner Moisture Resistant Zipper Cover $255

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 $79

☐ Include on Additional Covers $79

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)

☐ SK30 Kwik Fit Mounting Shell w/ Hardware[1][2][3] $420

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] $92

☐ ELITE Matrix Elite Shell[1][2][5].....$665

☐ ELITE TR Matrix Elite TR Shell[3][4][5].....$665

☐ ELITE PB Matrix PB Shell[3][4][5].....$665

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 $79 will be added.

☐ CM06T Wood Mount w/ T-nuts..... $339

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

☐ CM06 Wood Mount w/ out T-nuts..... $255

☐ TFNP New Pindot Pan.....$339

☐ TFNP Existing Pindot Pan.....$339

Specify Width: _____" Specify Height: _____"

☐ PERMMH Matrix Back Interface (Permobil)[6].....$303

☐ QUANMH Matrix Back Interface (Quantum)[6].....$303

☐ QUIKMH Matrix Back Interface (Quickie)[6].....$303

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

BACK CUSHION MOUNTING HARDWARE OPTIONS

☐ OCMK01 1" J & L Brackets[1] $255

☐ OCMK78 7/8" J & L Brackets[1].....$255

☐ HWWMK01 1" Wood Mounting Kit[2](Flush Mount).....$297

☐ HWWMK01 7/8" Wood Mounting Kit[2](Flush Mount).....$297

☐ HWWMK01 1" Pam Mounting Kit[3](Flush Mount).....$297

☐ HWPMK78 7/8" Pan Mounting Kit[3] (Flush Mount)..... $297

☐ FDI-596 Econo-Eze (4-point, Back)[2].....$721

☐ OMIT Omit Hardware.....NC

☐ HWABK Adjustable Mounting Hardware $314

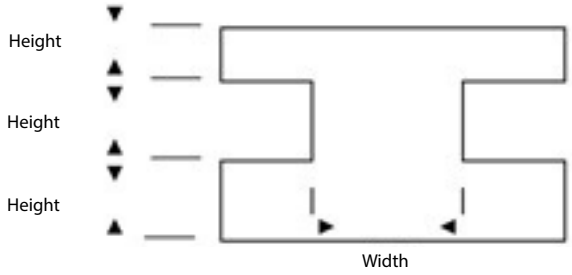
1. Rail cut recommended
2. Wood mount required
3. Pan Mount Required

BACK CUSHION MODIFICATIONS

☐ CM22 Rail Cut (2" deep std) $79
Rail Cut Finished Width: _____"

☐ Rail Cut to PinDot Pan..... $92

☐ Rail Cut to Kwik Fit $92



☐ S076 I-Cut..... $92
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: _____ $230

☐ VH02 Vent Holes .....Qty: _____ $303

☐ S092 Solid Wood Insert $86

Accessories (Optional)

☐ LB07 Small Footplate (Pair) $285

☐ LB08 Large Footplate (Pair) $285

☐ LT06 Legrest Tops (Pair) $285

☐ SB05 Pelvic Belt $55

☐ 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 $170

☐ TR40R Right Lap Tray Receptacle $170

☐ GL10 Dial Links[1] $303

☐ HR15 Headrest Adaptor Plate[2]..... $55

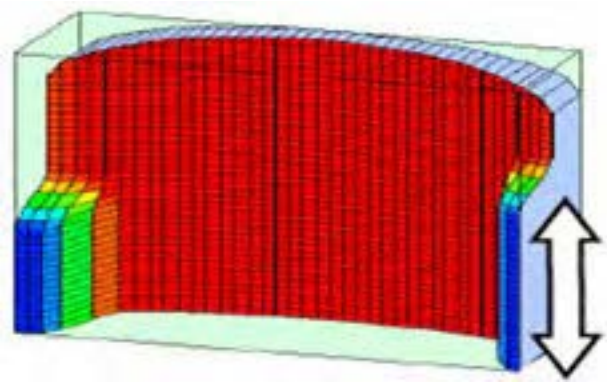
☐ SMB01 Back Mounting Hardware Kit $145

☐ SMB03 Extended Mounting Bracket $97

Back

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

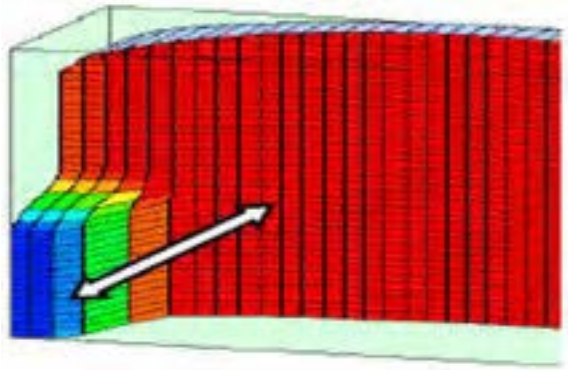
Cushion has a minimum thickness of 1.5"
Back Shell changes minimum thickness to 2"



Trunk Lateral Height:

☐ Right: _____" ☐ Left: _____"

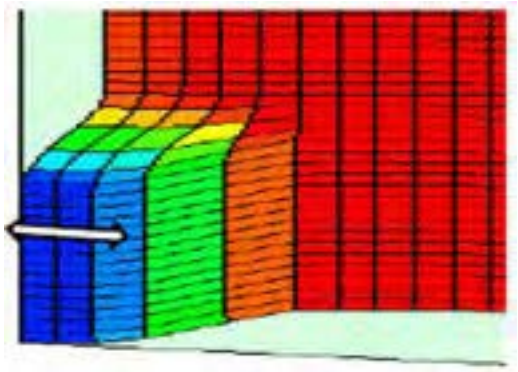
Trunk Lateral Height	
Right Side	1" to 26" (increased by increments of 0.5" each)
Left Side	1" to 26" (increased by increments of 0.5" each)
If a section/sections is not filled in, cushion will be designed at Designers discretion.	



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.

Special Instructions: (600 Character Count)



Adobe Acrobat Reader DC

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800-834-4153

SUBMIT

CLEAR FORM | PRINT FORM