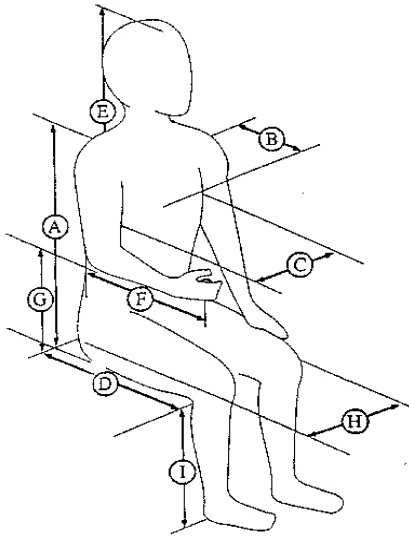


C300 Corpus Tilt Only



Dealer Information

Contact: _____
 Dealer Code: _____
 Dealer Name: _____
 Address: _____
 City: _____
 Province/Postal Code: _____
 Phone#: _____
 Fax#: _____
 PO#: _____

Client Information

Permobil recommends that the client is evaluated by a certified rehab specialist.

First Name: _____
 Last Name: _____
 Diagnosis: _____
 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: _____

Display ADP Codes on order/quote: _____

Please send order/quote to fax#: **(800) 231-3256**

Canadian prices effective **October 28, 2008** and payable in Canadian dollars. 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.**

Permobil Ltd.
 Toronto Canada
 C/O Permobil Inc
 6961 Eastgate Blvd.
 Lebanon, TN 37090
 Tel: (800) 736-0925
 Fax: (800) 231-3256
 www.permobil.com

Base

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
I103615-99-0	C300 Base Corpus VR2 - C300 PS1 <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.</i>	6,895.00 <input checked="" type="checkbox"/>	WPA31P010

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
I103576-99-0	C300/K300 Shroud - Onyx Black	No Charge <input type="checkbox"/>	
I101383-99-0	C300/K300 Shroud - Crystal Blue	No Charge <input type="checkbox"/>	

Base Options

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
IM34 SLDG - REQD	Batteries - Group 34, 12V 60 Amp Hrs, Installed <i>Batteries MUST be selected with this configuration</i>	762.00 <input checked="" type="checkbox"/>	

Select Options:

Part Number	Description	MSRP - CAD	ADP Code
I101995-99-0	Fixed Seat Tube for Tilt	No Charge <input type="checkbox"/>	
I101997-99-0	Power Adjustable Seat Height - 8" Travel <i>To assist in transfers and improve access for function.</i>	2,495.00 <input type="checkbox"/>	
I602307-99-0	P+ PP1A Programmer - VSI, VR2 or Pilot+ Controllers	595.00 <input type="checkbox"/>	

Joystick Options

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
I103613-99-0	VR2 Advanced Joystick <i>Non expandable joystick capable of controlling tilt and a seat elevator through the joystick.</i>	No Charge <input checked="" type="checkbox"/>	

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
I10045	Cone Shaped Joystick Knob - Standard.	No Charge <input type="checkbox"/>	
I100960-99-0	Chin Cup For Joystick Knob	94.00 <input type="checkbox"/>	
I100961-99-0	"T" Handle For Joystick Knob	139.00 <input type="checkbox"/>	
I100962-99-0	"Large Ball" For Joystick Knob	94.00 <input type="checkbox"/>	
I100963-99-0	"Softball" For Joystick Knob	127.00 <input type="checkbox"/>	
I100964-99-0	"Mushroom" For Joystick Knob	127.00 <input type="checkbox"/>	
I100965-99-0	"Stick" For Joystick Knob	127.00 <input type="checkbox"/>	

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
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	325.00 <input type="checkbox"/>	WEPM
I10471	Joystick Mount Left - Swing Away, VR2	325.00 <input type="checkbox"/>	WEPM
I103820-99-0	Retractable Joystick Mnt Right - R-net, VR2 Only	375.00 <input type="checkbox"/>	WEPM
I103819-99-0	Retractable Joystick Mnt Left - R-net, VR2 Only	375.00 <input type="checkbox"/>	WEPM

Seating System

Seating System

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
	This Configuration of the Corpus Seat Includes: <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>		
I101988-99-0	Corpus Seat with 45° CG Power Tilt <i>Includes 45° Center of Gravity Tilt and Manual Adjustable Backrest Angle.</i>	6,295.00 <input checked="" type="checkbox"/>	SEC1P0005

Seating System Options

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
I10509	Single Seat Function Ctrl Kit - C300 Tilt Only <i>This item must be selected. For operation of a single seat function through the wheelchair electronics via the VR2 Advanced Joystick Module.</i>	1,378.00 <input checked="" type="checkbox"/>	

Backrest Options

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
	BACKREST HEIGHT NOTE: <i>Backrest heights are measured from the seat pan to the top of the backrest shell with the backrest set at 90°.</i>		
I101853-99-0	Ergo Back Fixed 14" W x 21" H - Leatherette	837.00 <input type="checkbox"/>	SEB1P0005
I101863-99-0	Ergo Back Fixed 14"W x 26.5" High - Leatherette	837.00 <input type="checkbox"/>	SEB1P0005
I101854-99-0	Ergo Back Sliding 16"W x 21"H - Leatherette	837.00 <input type="checkbox"/>	SEB1P0010
I101861-99-0	Ergo Back Sliding 16"W x 26.5" H - Leatherette	837.00 <input type="checkbox"/>	SEB1P0010
I101855-99-0	Ergo Back Sliding 18"W x 21"H - Leatherette	837.00 <input type="checkbox"/>	SEB1P0010
I101862-99-0	Ergo Back Sliding 18"W x 26.5"H - Leatherette	837.00 <input type="checkbox"/>	SEB1P0010
I10472	Solid Back 16"W x 26.5"H - C300 Corpus Tilt Only <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 <i>Includes Fixed Mounting Hdw, Lateral Wedges, Leatherette Cushion, and Lumbar Pads.</i>	No Charge <input type="checkbox"/>	

Seat Sizing

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
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"/>	WEPB
I103482-99-0	Corpus Seat 19"W x 18"D	No Charge <input type="checkbox"/>	WEPA
I103483-99-0	Corpus Seat 19"W x 20"D	No Charge <input type="checkbox"/>	WEPA,WEPB

Select Options:

Part Number	Description	MSRP - CAD	ADP Code
I10038	Ergonomic Seat Cushion Leatherette <i>Not available with seat widths less than 16" or seat depths less than 14".</i>	475.00 <input type="checkbox"/>	SES1P0005

Armrest Options

Must select one of the following:

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

Armrest Options

Select Options:

Part Number	Description	MSRP - CAD	ADP Code
I103342-99-0	4"x14" Corpus Arm Left - Dual Taper, Leatherette	No Charge <input checked="" type="checkbox"/>	SEAND0010
I103343-99-0	4"x14" Corpus Arm Right - Dual Taper, Leatherette	No Charge <input checked="" type="checkbox"/>	SEAND0010
I101003-99-0	Armrest Mount High <i>Range of adjustment in high position is 10" - 12.5" measured from the seat pan to the top of the armrest pad.</i>	No Charge <input checked="" type="checkbox"/>	
I304968-99-0	Corpus Armbar for 18" Btw the Arms - Installed	265.00 <input type="checkbox"/>	
I10001	Corpus Armbar for 20" Btw the Arms - Installed	295.00 <input type="checkbox"/>	
I100523-99-0	Armrest Height Ext (+2")	125.00 <input type="checkbox"/>	
I100671-99-0	Armrest Pouch-Right	190.00 <input type="checkbox"/>	
I100672-99-0	Armrest Pouch-Left	190.00 <input type="checkbox"/>	

Legrest Options

Must select one of the following:

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

Must select one of the following:

Part Number	Description	MSRP - CAD	ADP Code
I102206-99-0	Manual Adjustment Legrest Elevation	No Charge <input checked="" type="checkbox"/>	

Select Options:

Part Number	Description	MSRP - CAD	ADP Code
I10474	UT Calf Support Kit (J) w Mesh Cover & Adj Hardware <i>5"W x 6.5"T Pad.</i>	321.00 <input type="checkbox"/>	SEFND0010
I102978-99-0	UT Calf Support Kit (H) w Mesh Cover & Adj Hardware <i>7"W x 7"T Curved Pad.</i>	312.00 <input type="checkbox"/>	SEFND0010

Accessories

Select Options:

Part Number	Description	MSRP - CAD	ADP Code
I10400	Bodypoint Non-Padded Hip Belt, UniTrack - Medium	No Charge <input type="checkbox"/>	
I10404	Bodypoint Padded Hip Belt UniTrack (C300) - Medium	119.00 <input type="checkbox"/>	
I10402	Bodypoint Non-Padded Hip Belt, UniTrack - Large	92.00 <input type="checkbox"/>	
I10408	Bodypoint Padded Hip Belt UniTrack - Large	155.00 <input type="checkbox"/>	
I100519-99-0	Positioning Belt Retractable	235.00 <input type="checkbox"/>	
I100600-99-0	Positioning Belt Retractable Long	255.00 <input type="checkbox"/>	
I100509-99-0	Headrest-Removable Leatherette-For Ergo Back <i>Must also select PN I10552.</i>	410.00 <input type="checkbox"/>	SEH1P0005
I103460-99-0	UT Ergo Headrest w/ Black Fabric Cover <i>Must also select PN I10552.</i>	504.00 <input type="checkbox"/>	
I1823249	UT Lateral Adjustment Bar for UniTrack Headrest <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>	55.00 <input type="checkbox"/>	
IHEADADAPTER	Universal Headrest Adapter <i>For aftermarket headrests.</i>	197.00 <input type="checkbox"/>	
I10552	Adj Removable - Headrest Hardware (1 Each)	110.00 <input type="checkbox"/>	SEHND0020
I103070-99-0	UT Amp. Support Pad (H) w/ Mesh Cover - (1 Each) <i>7"W x 7"T Curved Pad. Must also select PN I10553.</i>	310.00 <input type="checkbox"/>	SEFND0005

Accessories

Select Options:

Part Number	Description	MSRP - CAD	ADP Code
I103071-99-0	UT Amp. Support Pad (D) w/ Mesh Cover - (1 Each) <i>8"W x 8"T Flat Pad. Must also select PN I10553.</i>	310.00 <input type="checkbox"/>	SEFND0005
I10553	Adj Removable - Amp Support Hardware (1 Each) <i>Please indicate if you would like the amputation support mounted on the right or left side of the seat frame: Mount Amp Suppt on Right: _____ Mount Amp Suppt on Left: _____</i>	110.00 <input type="checkbox"/>	
I103094-99-0	UT Thigh/Hip Suppt (J) w/ Mesh Cover - High (Pair) <i>6.5"W x 5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	410.00 <input type="checkbox"/>	SELND0015
I103095-99-0	UT Thigh/Hip Suppt (C) w/ Mesh Cover - High (Pair) <i>8"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	410.00 <input type="checkbox"/>	SELND0015
I102977-99-0	UT Thigh/Hip Suppt (G) w/ Mesh Cover - High (Pair) <i>12"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	410.00 <input type="checkbox"/>	SELND0015
I10550	Adj Removable - Thigh Support Hardware (Pair)	110.00 <input type="checkbox"/>	
I305266-28-90-0	Lateral Supports Std. Leatherette-ErgoBack Only <i>Must also select PN I10551.</i>	410.00 <input type="checkbox"/>	SELND0015
I100521-99-0	Swing Away Trunk Supports Leatherette-For Ergo Back <i>Must also select PN I10551.</i>	410.00 <input type="checkbox"/>	SELND0010
I10551	Adj Removable - Trunk Support Hardware (Pair)	110.00 <input type="checkbox"/>	
I103651-99-0	Transfer Handles for UniTrack Accessory Rail	390.00 <input type="checkbox"/>	
I100975-99-0	Push Handles for Ergo Backrest <i>Order with Ergonomic or Rectangular Backs. Custom charge may apply if ordering push handles with an articulating vent tray.</i>	339.00 <input type="checkbox"/>	
I101473-99-0	Back Pack Clips Carabiner Style	75.00 <input type="checkbox"/>	
I102059-99-0	Medical Necessities Bag <i>Includes Back Pack Clips (Carabiner Style).</i>	265.00 <input type="checkbox"/>	
I102697001331	Medical Necessities Bag - Case Logic	265.00 <input type="checkbox"/>	
I100578-99-0	Upper Extremity Support Small, Angle Adjustable <i>Must also select PN I10556.</i>	356.00 <input type="checkbox"/>	SETND0010
I100575-99-0	Upper Extremity Support Angle Adjustable. 14" W <i>Must also select PN I10556.</i>	356.00 <input type="checkbox"/>	SETND0010
I100576-99-0	Upper Extremity Support Angle Adjustable. 16" W <i>Must also select PN I10556.</i>	356.00 <input type="checkbox"/>	SETND0010
I100577-99-0	Upper Extremity Support Angle Adjustable. 18" W <i>Must also select PN I10556.</i>	356.00 <input type="checkbox"/>	SETND0010
I100571-99-0	Upper Extremity Support Joystick Cutout 16" W <i>Must also select PN I10556.</i>	356.00 <input type="checkbox"/>	SETND0010
I100572-99-0	Upper Extremity Support Joystick Cutout 18" W <i>Must also select PN I10556.</i>	356.00 <input type="checkbox"/>	SETND0010
I103426-99-0	Upper Extremity Support Angle Adjust - UniTrack <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>	356.00 <input type="checkbox"/>	SETND0010
I10556	Adj Removable - Tray Hardware (1 Each)	110.00 <input type="checkbox"/>	
I101964-99-0	Oxygen Holder for PS, Corpus or Standing Seat <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.</i>	224.00 <input type="checkbox"/>	WEPX
I101956-99-0	Crutch Holder for PS, Corpus or Standing Seat <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.</i>	224.00 <input type="checkbox"/>	

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 Ltd 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: _____