



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.

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Adobe Acrobat Reader DC

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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#: _____



Yes, you can.



Silhouette® Custom Basic

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 (SCBSC - \$1580)

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

SEAT CUSHION BASE FOAM OPTIONS

Soft Foam

Firm Foam

SEAT CUSHION OVERLAY OPTIONS (OPTIONAL)

VF05 1/2" Visco Foam\$275

VF01 1" Visco Foam.....\$350

SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09 Softspot - Standard Foam.....Qty:___\$200

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

CM09V Softspot - Visco Foam.....Qty:___\$275

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

CM30 Recess OnlyQty:___\$275

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

SEAT CUSHION COVERING OPTIONS (MUST CHOOSE ONE - \$100)

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..... \$75

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

Longer Leg will be indicated by the overall cushion length

SO16 Growth Style..... \$75

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

SF05 1/2" Medium Density Foam\$200

SF01 1" Medium Density Foam.....\$250

CM30G Silicone Pad\$275

STAR14 14" Wide Airflow Insert.....\$450

STAR16 16" Wide Airflow Insert.....\$450

STAR18 18" Wide Airflow Insert..... \$600

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:___\$210

Contact: _____ Non-Contact: _____

SO40 Inner Moisture Resistant Zipper Cover.....\$210

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\$280

Specify T-nut Pattern: _____

CM06 Wood Mount w/out T-nuts\$210

TFNP New Pindot Pan.....\$280

CTPN Cut Pan.....\$85

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⁾\$210

OCMK78 7/8" J & L Brackets⁽¹⁾\$210

HWWMK01 1" Wood Mounting Kit⁽²⁾ (Flush Mount).....\$245

HWWMK78 7/8" Wood Mounting Kit⁽²⁾ (Flush Mount)...\$245

HWPMK01 1" Pan Mounting Kit⁽³⁾ (Flush Mount).....\$245

HWPMK78 7/8" Pan Mounting Kit⁽³⁾ (Flush Mount).....\$245

FDI-538 Econo-Eze Kit (Seat & Back)⁽²⁾.....\$700

OMIT Omit HardwareNC

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

SEAT CUSHION MODIFICATIONS

SO75 Rail Cut (2" deep std).....\$75

Rail Cut Finished Width: _____ "

SO77 Undercut.....\$75

Width: _____ "

CM12 Pelvic Strap Notches.....Qty:___\$110

CM20 Strap Slots 1/2" x 1 1/2" std.....Qty:___\$190

VH02 Vent Holes.....Qty:___\$250

SO92 Solid Wood Insert.....\$70

CM33 Crossbrace (6"x 6"x 2" std)\$140

Additional Global Deepening..... _____ "

Shift Contour Left: _____ "

Right: _____ "

Radius

1"	3"
2"	4" Standard

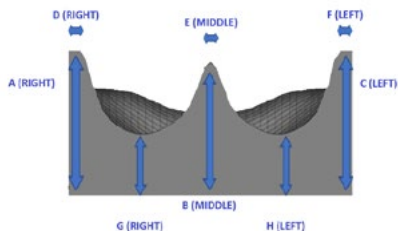
Wedge

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

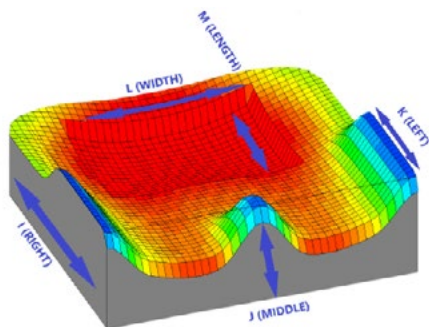
Seat

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 - \$1580)

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\$275

VF01 1” Visco Foam.....\$350

SF05 1/2” Medium Density Foam\$200

SF01 1” Medium Density Foam.....\$250

BACK CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09 Softspot - Standard Foam.....Qty:____\$200

Depth (1/2” - 1”): _____ “

CM09V Softspot - Visco Foam.....Qty:____\$275

Depth (1/2” - 1”): _____ “

BACK CUSHION RECESS OPTIONS (OPTIONAL)

CM30 Recess OnlyQty:____\$275

Depth (1/2” - 2”): _____ “

CM30G Silicone Pad.....\$275

BACK CUSHION COVERING OPTIONS (MUST CHOOSE ONE - \$100)

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

Zipper w/Velcro Bottom.....Standard

2-Piece w/Velcro bottom NC

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: ____ \$210

Contact: _____ Non-Contact: _____

S040 Inner Moisture Resistant Zipper Cover..... \$210

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\$65

Include on Additional Covers.....\$65

Font Style

Font Color

Block White Blue

Cursive 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⁾\$65

Specify Width (Variable 12" to 24"): _____"

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⁾\$75

ELITE Matrix Elite Shell⁽¹⁾⁽²⁾⁽⁵⁾ \$550

ELITE TR Matrix Elite TR Shell⁽³⁾⁽⁴⁾⁽⁵⁾ \$550

ELITE PB Matrix Elite PB Shell⁽³⁾⁽⁴⁾⁽⁵⁾ \$550

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..... \$280

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

CM06 Wood Mount w/out T-nuts..... \$210

TFNP New Pindot Pan..... \$280

TFEP Existing Pindot Pan.....NC

Specify Width: _____" Specify Height: _____"

PERMMH Matrix Back Interface (Permobil)⁽⁶⁾ \$250

QUANMH Matrix Back Interface (Quantum)⁽⁶⁾ \$250

QUIKMH Matrix Back Interface (Quickie)⁽⁶⁾ \$250

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

BACK CUSHION MOUNTING HARDWARE OPTIONS

OCMK01 1" J & L Brackets⁽¹⁾ \$210

OCMK78 7/8" J & L Brackets⁽¹⁾ \$210

HWWMK01 1" Wood Mounting Kit⁽²⁾ (Flush Mount) \$245

HWWMK78 7/8" Wood Mounting Kit⁽²⁾ (Flush Mount) \$245

HWPMK01 1" Pan Mounting Kit⁽³⁾ (Flush Mount) \$245

HWPMK78 7/8" Pan Mounting Kit⁽³⁾ (Flush Mount) ..\$245

FDI-596 Econo-Eze (4-point, Back)⁽²⁾ \$596

OMIT Omit HardwareNC

HWABK Adjustable Mounting Hardware..... \$260

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

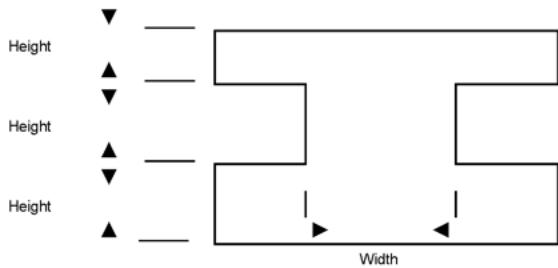
BACK CUSHION MODIFICATIONS

CM22 Rail Cut (2" deep std).....\$75

Rail Cut Finished Width: _____"

Rail Cut to PinDot Pan\$75

Rail Cut to Kwik Fit.....\$75



S076 I-Cut.....\$75

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:___\$190

VH02 Vent HolesQty:___\$250

S092 Solid Wood Insert.....\$70

Accessories (Optional)

LB07 Small Footplate (Pair).....\$235

LB08 Large Footplate (Pair)\$235

LT06 Legrest Tops (Pair).....\$235

SB05 Pelvic Belt\$45

PDSL M Swing Away Lateral Supports Medium.....\$290

PDSL L Swing Away Lateral Supports Large.....\$290

TR40L Left Lap Tray Receptacle\$140

TR40R Right Lap Tray Receptacle\$140

GL10 Dial Links⁽¹⁾.....\$250

HR15 Headrest Adaptor Plate⁽²⁾.....\$45

SMB01 Back Mounting Hardware Kit\$120

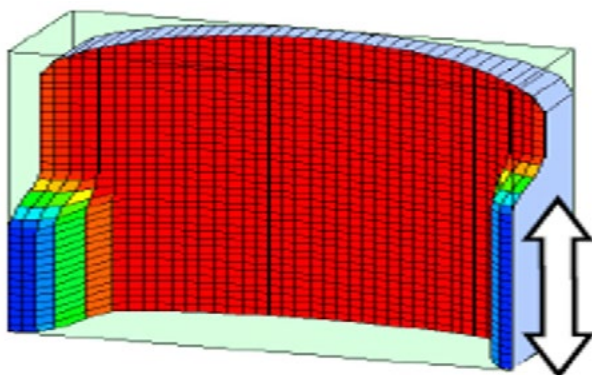
SMB03 Extended Mounting Bracket.....\$80

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

Back

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

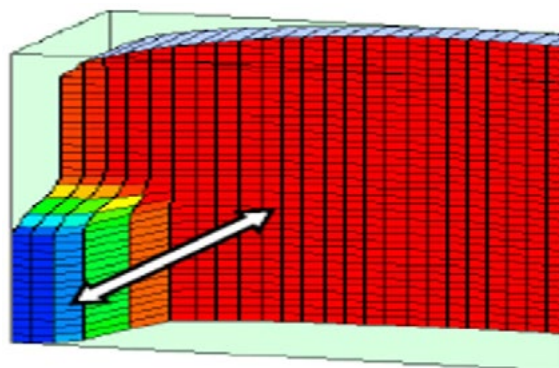
Cushion has a minimum thickness of 1.5"
Back Shell changes minimum thickness to 2"



Trunk Lateral Height:

Right: _____ " Left: _____ "

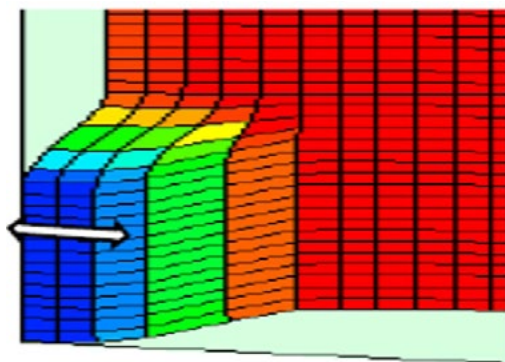
Trunk Lateral Height	
Right Side	1" to 26" (increased by increments of 0.5" each)
Left Side	1" to 26" (increased by increments of 0.5" each)
If a section/sections is not filled in, cushion will be designed at Designers discretion.	



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.	



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