



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

* 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: _____

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 - \$1580)

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 \$275

VF01 1" Visco Foam \$350

SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09 Softspot - Standard FoamQty: _____\$200

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

CM09V Softspot - Visco FoamQty: _____\$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: _____
- 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

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 Hardware.....NC

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

SEAT CUSHION MODIFICATIONS

- S075 Rail Cut (2" deep std).....\$75
Rail Cut Finished Width: _____ "
- S077 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
- S092 Solid Wood Insert.....\$70
- CM33 Crossbrace (6"x 6"x 2" std)..... \$140



Back Cushion HCPCS E2617

BACK CUSHION DIMENSIONS (SCBC - \$1580)

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 \$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 FoamQty: _____\$200

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

CM09V Softspot - Visco FoamQty: _____\$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

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: _____ \$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

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.....	\$280
	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⁾	\$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

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

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

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

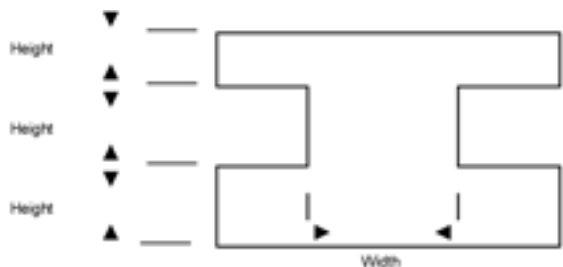
1. Rail cut recommended
2. Wood mount required
3. Pan Mount Required

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 Holes.....Qty: _____	\$250
S092 Solid Wood Insert.....	\$70



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).....	\$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



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