



Order form

ROHO® specialty application products



Dealer Name*:

Account #*:

City, State, Zip*:

Phone:

Email:

ATP:

Rep Name:

P.O. Number:

Quote Number:

Client Reference*:

Client Weight*:

***Required field**

Special considerations that need to be addressed here (e.g., diagnosis):

ROHO® specialty application products | Cushions unless otherwise noted: include cover, pump, repair kit, and operating instructions. Full neoprene products have no weight limit if appropriately sized to the individual. Refer to reference pages at end of order form for additional information and images.

Personal Recliner Cushioning System

Non Coded

RECLINERCUSTC

\$1,262

Custom recliner wheelchair cushion, back and seat protection. Made to fit per order.
Priced upon request if exceeds 320 cells overall.

MINI-MAX® Cushion

Non Coded. Part number: MINIWWDDC

Length	20" (51 cm)			\$373	\$373
	18" (46 cm)			\$373	
	16" (41 cm)		\$373	\$373	
	15" (38 cm)	\$373			
		15" (38 cm)	16" (41 cm)	18" (46 cm)	20" (51 cm)
Width					

PACK-IT® Cushion

Non Coded

PACKIT	PACK-IT Cushion 16.25" x 9.5" (41.5 cm x 24 cm)	\$242
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ADAPTOR® Pad

Non Coded

ADAPTOR	ADAPTOR Pad 9.75" x 13.5" (25 cm x 34 cm) Self contained air cells; can be cut in sections to fit various surface shapes Repair kit, pump, and cover not included.	\$135
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Toilet Seat Cushion

Non Coded

SEATTOILET	Toilet Seat Cushion Fits all standard toilet seats Does not include cover.	\$308
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Shower / Commode Cushion

Non Coded. LOW PROFILE cells only. Does not include cover

SEATCMD88LP	14.75" wide x 14.75" deep (37.5 cm x 37.5 cm)	\$460
SEATCMD89LP	14.75" wide x 16.5" deep (37.5 cm x 42 cm)	\$460
SEATCMD99LP	16.5" wide x 16.5" deep (42 cm x 42 cm)	\$460
SEATCMD910LP	16.5" wide x 18.25" deep (42 cm x 46.5 cm)	\$460
SEATCMD1010LP	18.25" wide x 18.x25" deep (46.5 cm x 46.5 cm)	\$460
SEATCMDCUST	Custom sizes available / Contact Customer Experience	

LTV® Seat Cushion

Non Coded

LTVC	Black quilted fabric cover 18" x 16" (45.5 cm x 40.5 cm)	\$116
LTVBLK	Black quilted ULTRALEATHER® Cover 18" x 16" (45.5 cm x 40.5 cm)	\$175

Additional Order Instructions (for Permobil):

Notes & Comments (not for Permobil):

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:

- The client's name or code and the client's weight
- The order form must also be signed by a person authorized by your company to acknowledge the items selected. Permobil 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: _____

NOTE: 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. The HCPCS codes provided are not intended to be billing or legal advice, rather our interpretation of the code definitions. Use of the codes does not ensure coverage or payment for the item. For coverage information, verify the policy of the appropriate payer.