

improving people's lives

JAY ConfigureFit

The Interactive Order Form





Contents



- Explanation of the JAY ConfigureFit Interactive Order Form
- Requirements for Use
- How to Use the Form



Explanation



- The Interactive Form is a *Fillable* PDF Form
- An alternative to a paper order form
- Complete and send via e-mail or choose to print and fax



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Benefits

- Ability to save “pre-populated forms”
Set up “defaults” for different types of configurations
Enter your Customer Information (such as ship-to-address) only once
- Reduce faxing time and errors by utilizing e-mail



Benefits

- Reduced need to consult the Product Selection Guide
Use drop down menus to show available picks instead of consulting the guide
- Remote use – No web access required
Can use it anywhere
- Bookmarks for navigation
Jump to only the Patient Zones needed



Benefits

- Universal dimension population
Dimensions such as seat width are carried
through the form
Saves time and reduces errors



Requirements for use



- The form can be viewed and completed with Adobe Reader but cannot be saved
Completing the form in Adobe Reader will cause all data to be lost
- The Form can be saved using a different reader software called “Foxit Reader”
- “Foxit Reader” is a free reader that can be downloaded for viewing and saving the form



Requirements for use



- PC Running Windows

Versions:

- Windows 2000
- Windows XP
- Windows Server 2003
- Windows Vista
- Windows 7

- Download and install FOXIT .pdf viewer

- www.foxitsoftware.com
- Allows saving the file and it's data
- Free Software
- Used instead of Adobe



How to Use the Form



Follow instructions at the top of page 1 to install the viewer and to learn how to save the file

JAY CONFIGUREFIT ORDER FORM COVER PAGE

Instructions BEFORE Using this file

- 1 Check the Sunrise web site for the latest Revision of this interactive order form file.
- 2 **To save this form you must download a free viewer from Foxit Software .**
Get the viewer from: <http://www.foxitsoftware.com>
(You may be currently viewing this file in Adobe Acrobat, but the data from a completed form WILL NOT SAVE using this program)
- 3 Install the viewer and then re-open this form .
- 4 Complete the form and then Save the file under a new unique file name.
e.g. John_Doe_ConfigureFit_Order
- 5 Email the completed form to: **customseating@sunmed.com**
- 6 Mark the Box below to indicate desire for a Quote OR desire to place an Order.
- 7 If you wish, you can print this form and Fax it to: **877-237-4214**
This page can serve as a fax cover page

Useful Tips:

- 1 This form can be populated with common information or picks and saved under a unique file name which can be used as a template.
e.g. Seat_Only_ConfigureFit_Order
- 2 Save as many templates as desired - however, BE SURE TO SAVE EACH ACTUAL PATIENT ORDER UNDER A UNIQUE FILE NAME to preserve your original template(s).
- 3 Please review the Training Module for this order form.

☐ Request an Order ☐ Request a Quote

FROM:

Account # _____ Date: _____ Ship To: _____

PO# _____ Buyer: _____ Address: _____

Marked For: _____

ATS/RTS Name: _____ City / State: _____

Chair Order #: _____ ☐ Assemble to Base Zip Code: _____ Phone Number _____

To:

Sunrise Medical

Fax# 877-237-4214

Phone # 800-333-4000

Page:

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Ordering Information and Customer Service: 800-333-4000 Fax: 877-237-4214 www.sunrise-medical.com Specifications are subject to change without notice. Copyright ©2010 Sunrise Medical 116024 REV. 9

From Cover Page

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How to Use the Form



Click check box
to request a
Quote or an
Order

JAY CONFIGUREFIT ORDER FORM COVER PAGE

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Get the viewer from: <http://www.foxitsoftware.com>
(You may be currently viewing this file in Adobe Acrobat, but the data from a completed form WILL NOT SAVE using this program)
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- 4 Complete the form and then Save the file under a new unique file name.
e.g. John_Doe_ConfigureFit_Order
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e.g. Seat_Only_ConfigureFit_Order
- 2 Save as many templates as desired - however, BE SURE TO SAVE EACH ACTUAL PATIENT ORDER UNDER A UNIQUE FILE NAME to preserve your original template(s).
- 3 Please review the Training Module for this order form.

☐ Request an Order ☐ Request a Quote

FROM:
Account # _____ Date: _____ Ship To: _____

☒ Request an Order ☐ Request a Quote

To:
Sunrise Medical
Fax# 877-237-4214
Phone # 800-333-4000
Page: 1 of 17

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How to Use the Form



Complete
general order
information

You can pre-populate
this area for
information that does
not change

JAY  **JAY CONFIGUREFIT ORDER FORM COVER PAGE** 

Instructions BEFORE Using this file

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- 2 **To save this form you must download a free viewer from Foxit Software .**
Get the viewer from: <http://www.foxitsoftware.com>
(You may be currently viewing this file in Adobe Acrobat, but the data from a completed form WILL NOT SAVE using this program)
- 3 Install the viewer and then re-open this form .
- 4 Complete the form and then Save the file under a new unique file name.
e.g. John_Doe_ConfigureFit_Order
- 5 Email the completed form to: **customseating@sunmed.com**
- 6 Mark the Box below to indicate desire for a Quote OR desire to place an Order.
- 7 If you wish, you can print this form and Fax it to: **877-237-4214**
This page can serve as a fax cover page

Useful Tips:

- 1 This form can be populated with common information or picks and saved under a unique file name which can be used as a template.
e.g. Seat_Only_ConfigureFit_Order
- 2 Save as many templates as desired - however, BE SURE TO SAVE EACH ACTUAL PATIENT ORDER UNDER A UNIQUE FILE NAME
to preserve your original template(s).
- 3 Please review the Training Module for this order form.

☐ Request an Order ☐ Request a Quote

FROM:

Account # _____ Date: _____ Ship To: _____

PO# _____ Buyer: _____ Address: _____

Marked For: _____

ATS/RTS Name: _____ City / State: _____

Chair Order #: _____ ☐ Assemble to Base Zip Code: _____ Phone Number _____

To:

Sunrise Medical
Fax# 877-237-4214
Phone # 800-333-4000
Page: _____

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From Cover Page

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How to Use the Form



Start with Page one of the order form

General order information from the cover page will be automatically copied to this page

JAY CONFIGUREFIT ORDER FORM
Effective February 2010

Account # _____ Date: _____ Ship To: _____
PO# _____ Buyer: _____ Address: _____
Marked For: _____ City / State: _____
ATB/RTS Name: _____ Zip Code: _____ Phone Number: _____
Chair Order #: _____ ☐ Assemble to Base

The HCPCS codes provided are based on code verification by the PDMC or our interpretation of the code definitions. Proper use of HCPCS codes does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.

STEP 1 Mobility Base Information

Mobility Base Manufacturer: _____
Mobility Base Model: _____
Width (in.): _____
Depth (in.): _____
Rock Cane Height: _____
Armrest Type: _____
Seat Tying Diameter: _____
Upper Back Cane Tying Dia: _____
Lower Back Cane Tying Dia: _____
By Stick Location: _____

STEP 2 Patient Dimensional Information

Shoulder Width P-A _____
Chest Width P-B _____
Hip Width P-C _____
Width at Knees P-D _____
Seat to Top of Head P-E _____
Seat to Top of Shoulder, Left P-FL _____
Seat to Top of Shoulder, Right P-FR _____
Seat to Ankle, Left P-QL _____
Seat to Ankle, Right P-QR _____
Seat to PSIS P-H _____
Chest Depth P-K _____
Back to Anterior of TTS P-L _____
Posterior Pelvis to Popliteal, Left P-ML _____
Posterior Pelvis to Popliteal, Right P-MR _____
Foot Length, Left P-NL _____
Foot Length, Right P-NR _____
Seat to Footplate, Left P-OL _____
Seat to Footplate, Right P-OR _____

STEP 3 Seating System Dimensional Specifications

Seating System Complete? ☐ Yes ☐ No
Seat Width 1-A _____
Back Width 7-A _____
Distance Between Lat Thor 8-F _____
Dist Between Pel Laterals 3-F _____
Usable Seat Depth 1-XX _____
Total Seat Depth 1-B _____
Back Height 7-B _____
Seat to top Lat Thor, Left 8-G _____
Seat to top Lat Thor, Right 8-GH _____
Dist Between Lats at Knees 4-F _____
*Requires all patient measurements

STEP 4 Seating System Fabric/ Embroidery Specifications

Seat Fabric: Contact _____
Seat Fabric: Non-Contact _____
Back Fabric: Contact _____
Back Fabric: Non-Contact _____
Auxiliary/Secondary: Contact _____
Auxiliary/Secondary: Non-Contact _____
Style Sheet Selection _____
Style A ☒ Style B ☐ (Style A is default)

Embroidery Information (Must order Back)
Text: _____
Style ☐ Script ☐ Block ☐ Reset
Thread Color: _____
Stock Monogram: SELECT

BASE REGION

CS-01 SEAT ☐ **Custom Configured Seat** ☐ **Retail Price: Derived by adding all items in Zone 1 (Ex)** **HCPCS Code E2609**

Step 1: Select Contour ☐ **Reset**

☐ CS-01-1000 Flat Seat \$185 ☐ CS-01-1010 Wedge Seat \$355 ☐ CS-01-1020 Anti-Thrust Seat \$595 ☐ CS-01-1040 Contoured Seat \$485
☐ CS-01-1030 Quick Fit Adj. Anti-Thrust St. \$545 ☐ CS-01-1050 Quick Fit Adj. Contoured Seat \$635

Step 2: Select Base ☐ **Reset**

☐ CS-01-3000 Standard Base (1/2" Thick) N/C ☐ CS-01-3060 Custom Base 1A \$185
☐ CS-01-3010 Omni Base 1 N/C ☐ CS-01-3020 Heavy Duty Base 1B (1/2" Thick) \$65
☐ CS-01-3040 ABS Base (no T-Nuts) 2 \$30 ☐ CS-01-3030 Post-Tech Base 1 (1/2" Thick) \$30

1 - Must select for Thrust - Weight Limit 250lbs - Thrust 2000lb
2 - Must have surface to mount on Mobility Base
3 - Light Duty Use Only - no Thrust
4 - no Thrust
5 - no Thrust - Weight Limit 300lbs
6 - Use note section at the end of the diagram page to specify

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How to Use the Form



Complete just like the paper order form – notice, however, there are drop down boxes to assist you

Form fields and sections:

- Order #, Date, Ship To, PO#, Buyer, Address, Name, City / State, Zip Code, Phone Number, Assembly to Base checkbox.
- STEP 1: Mobility Base Information (Manufacturer, Model, Width, Depth, Back Cane Height, Armrest Type, Seat Tubing Diameter, Lower Back Cane Tubing Dia., Joy Stick Location).
- STEP 2: Patient Dimensional Information (Diagrams with labels P-A through P-L).
- STEP 3: Seating System Dimensional Specifications (Sunrise Complete checkbox, dimensions 1-A through 8-F, 1-XX).
- STEP 4: Seating System Fabric (Seat Fabric: Contact, Non-Contact; Back Fabric: Contact, Non-Contact; Ancillary/Secondary: Contact, Non-Contact; Style Sheet Selection).
- Color Selection List (e.g., #01 Black, #V014 Black Texture, #02 Forest Green, etc.).
- Embroidery Text and Style options.

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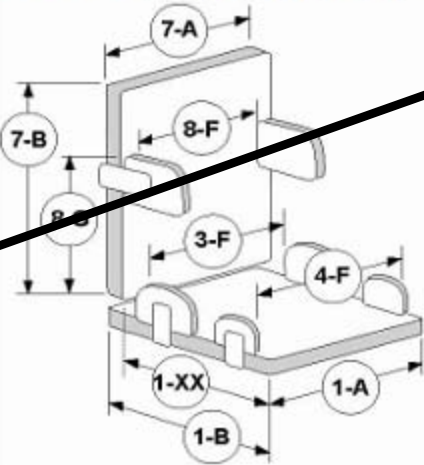
How to Use the Form



Complete
seating
dimensions

STEP 3 ☐ Sunrise Completes*

Seating System Dimensional Specifications



Seat Width 1-A	15.00
Back Width 7-A	15.00
Distance Between Lat Thor 8-F	
Dist Between Pel Laterals 3-F	
Usable Seat Depth 1-XX	
Total Seat Depth 1-B	16.00
Back Height 7-B	18.00
Seat to top Lat Thor, Left 8-GL	
Seat to top Lat Thor, Right 8-GR	
Dist Between Lats at Knee 4-F	

**Requires all patient measurements*

From Page 1



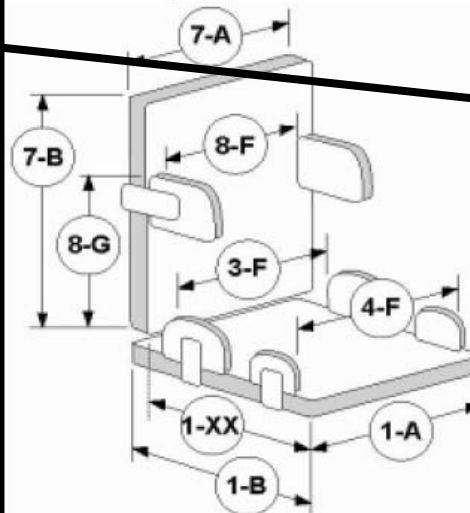
How to Use the Form



Dimensions are entered as decimals (not fractions)

STEP 3 Seating System Dimensional Specifications

☐ Sunrise Completes*



Seat Width 1-A	16.00
Back Width 7-A	13.00
Distance Between Lat Thor 8-F	7.50
Dist Between Pel Laterals 3-F	13.25
Usable Seat Depth 1-XX	13.00
Total Seat Depth 1-B	16.00
Back Height 7-B	18.00
Seat to top Lat Thor, Left 8-GL	12.00
Seat to top Lat Thor, Right 8-GR	12.00
Dist Between Lats at Knee 4-F	14.00

*Requires all patient measurements

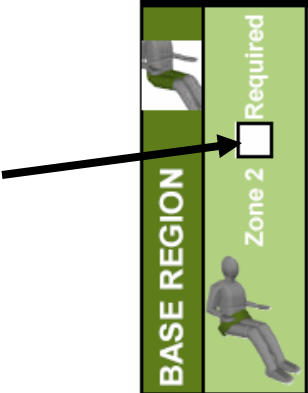
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How to Use the Form



Optionally use the Required Box as a first step to completing the form. This reminds you of only those zones needed as you move through the form



<input type="checkbox"/> CS-02-PELVICSPU	Single Pull Anterior Pelvic Support Unpadded		
<input checked="" type="radio"/> Select Buckle Style	Select Buckle Size		
<input type="checkbox"/> Push Button Release	<input type="checkbox"/> 1"	<input type="checkbox"/> 1.5"	<input type="checkbox"/> 2"
<input type="checkbox"/> Plastic Side Release	<input type="checkbox"/> 1"	<input type="checkbox"/> 1.5"	<input type="checkbox"/> 2"
		<input checked="" type="radio"/> Reset	<input checked="" type="radio"/> Reset
<input type="checkbox"/> CS-02-PELVICSPP	Single Pull Anterior Pelvic Support Padded		
<input checked="" type="radio"/> Select Buckle Style	Select Buckle Size	Select Pad Si	
<input type="checkbox"/> Push Button Release	<input type="checkbox"/> 1"	<input type="checkbox"/> 4.5" Long '1	<input type="checkbox"/> 5.5" Long
<input type="checkbox"/> Plastic Side Release	<input type="checkbox"/> 1.5"		
	<input type="checkbox"/> 2"		
		<input checked="" type="radio"/> Reset	

From Page 2



How to Use the Form



Other areas of the form allow only “single-selection” picks (such as the seat base material choice). Click once to select the item and use the red RESET buttons to unselect the pick

JAY CONFIGUREFIT ORDER FORM
Effective February 2010

Account # _____ Date: _____ Ship To: _____
PO# _____ Buyer: _____ Address: _____
Marked For: _____
ATS/RTS Name: _____ City / State: _____
Chair Order #: _____ Assemble to Base _____ Phone Number: _____

The HCPCS codes provided are based on code verification by the PDAC or our interpretation of the code definitions. Proper use of HCPCS codes does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.

STEP 1 Mobility Base Information

Mobility Base Manufacturer: _____
Mobility Base Model: _____
Width (in.): _____
Depth (in.): _____
Back Cane Height: _____
Armrest Type: _____
Seat Tubing Diameter: _____
Upper Back Cane Tubing Dia: _____
Lower Back Cane Tubing Dia: _____
Joy Stick Location: _____

STEP 2 Patient Dimensional Information

Shoulder Width P-A _____
Chest Width P-B _____
Hip Width P-C _____
Width at Knee P-D _____
Seat to Top of Head P-E _____
Seat to Top of Shoulder, Left P-F _____
Seat to Top of Shoulder, Right P-G _____
Seat to Axilla, Left P-H _____
Seat to Axilla, Right P-I _____
Seat to P55 P-J _____
Chest Depth P-K _____
Back to Anterior of ITs P-L _____
Posterior Pelvis to Popliteal, Left P-M _____
Posterior Pelvis to Popliteal, Right P-N _____
Foot Length, Left P-O _____
Foot Length, Right P-P _____
Seat to Footplate, Left P-Q _____
Seat to Footplate, Right P-R _____

STEP 3 Seating System Dimensional Specifications

Seating System Manufacturer: _____
Seating System Model: _____
Width (in.): _____
Depth (in.): _____
Back Cane Height: _____
Armrest Type: _____
Seat Tubing Diameter: _____
Upper Back Cane Tubing Dia: _____
Lower Back Cane Tubing Dia: _____
Joy Stick Location: _____

STEP 4 Seating System Fabric/ Embroidery Specifications

Seat Fabric: Contact _____
Seat Fabric: Non-Contact _____
Back Fabric: Contact _____
Back Fabric: Non-Contact _____
Ancillary/Secondary: Contact _____
Ancillary/Secondary: Non-Contact _____
Style Sheet Selection _____

Embroidery Information (Must order Back)

Text: _____
Style: ☐ Script ☐ Block ☒ Reset
Thread Color: _____
Stock Monogram: SELECT

CS-01-SEAT

Step 1: Select Contour ☒ Reset

Flat Seat \$195 ☐ CS-01-1000 ☐ CS-01-1010 Wedge Seat \$355 ☐ CS-01-1020 Anti-Thrust Seat \$495 ☐ CS-01-1030 Quick Fit Adj. Anti-Thrust St. \$495 ☐ CS-01-1040 Contoured Seat \$495 ☐ CS-01-1050 Contoured Seat \$495 ☐ CS-01-1060 Contoured Seat \$495

Step 2: Select Base ☒ Reset

CS-01-3000 Standard Base (1/2" Thick)¹ N/C ☐ CS-01-3050 Custom Base^{4,5} \$185 ☐ CS-01-3060 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3070 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3080 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3090 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3040 ABS Base (no T-Nuts)³ \$30 ☐ CS-01-3030 PlastiTech Base³ (1/2" Thick) \$30 ☐ CS-01-3020 Heavy Duty Base⁵ (3/4" thick) \$85 ☐ CS-01-3010 Omit Base² N/C ☐ CS-01-3000 Standard Base (1/2" Thick)¹ N/C

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CS-01-SEAT

Step 1: Select Contour ☒ Reset

Flat Seat \$195 ☐ CS-01-1000 ☐ CS-01-1010 Wedge Seat \$355 ☐ CS-01-1020 Anti-Thrust Seat \$495 ☐ CS-01-1030 Quick Fit Adj. Anti-Thrust St. \$495 ☐ CS-01-1040 Contoured Seat \$495 ☐ CS-01-1050 Contoured Seat \$495 ☐ CS-01-1060 Contoured Seat \$495

Step 2: Select Base ☒ Reset

CS-01-3000 Standard Base (1/2" Thick)¹ N/C ☐ CS-01-3050 Custom Base^{4,5} \$185 ☐ CS-01-3060 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3070 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3080 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3090 Heavy Duty Base⁶ (3/4" thick) \$85 ☐ CS-01-3040 ABS Base (no T-Nuts)³ \$30 ☐ CS-01-3030 PlastiTech Base³ (1/2" Thick) \$30 ☐ CS-01-3020 Heavy Duty Base⁵ (3/4" thick) \$85 ☐ CS-01-3010 Omit Base² N/C ☐ CS-01-3000 Standard Base (1/2" Thick)¹ N/C

From Page 1



How to Use the Form



Foam layering diagram
will automatically
calculate price when
foam type and quantity
are entered

Reset ▼ Choose only one box per row (When ordering Qty 2 of any foam below - the result will be a 1" piece of non-laminated foam)

Seat Schematic	Sunmate \$35 / Half Inch			Visco Foam \$45/ Half Inch			Pudgee \$90/Half Inch	High Resiliancy \$15/Half Inch		1" = QTY 2	ENTER QTY	Price = Qty x Price per Half Inch
Layer 4	<input type="checkbox"/> Soft	<input type="checkbox"/> Med/Soft	<input type="checkbox"/> Med	<input type="checkbox"/> X-Soft	<input type="checkbox"/> Soft	<input type="checkbox"/> Med	<input type="checkbox"/> Pudgee	<input type="checkbox"/> HR 50	<input type="checkbox"/> HR 70	or	0	\$0.00
Layer 3	<input type="checkbox"/> Soft	<input type="checkbox"/> Med/Soft	<input type="checkbox"/> Med	<input type="checkbox"/> X-Soft	<input type="checkbox"/> Soft	<input type="checkbox"/> Med	<input type="checkbox"/> Pudgee	<input type="checkbox"/> HR 50	<input type="checkbox"/> HR 70	1.5" = QTY 3	0	\$0.00
Layer 2	<input checked="" type="checkbox"/> Soft	<input type="checkbox"/> Med/Soft	<input type="checkbox"/> Med	<input type="checkbox"/> X-Soft	<input type="checkbox"/> Soft	<input type="checkbox"/> Med	<input type="checkbox"/> Pudgee	<input type="checkbox"/> HR 50	<input type="checkbox"/> HR 70	2" = QTY 4	1	\$35.00
Bottom Layer 1	<input type="checkbox"/> Soft	<input type="checkbox"/> Med/Soft	<input checked="" type="checkbox"/> Med	<input type="checkbox"/> X-Soft	<input type="checkbox"/> Soft	<input type="checkbox"/> Med	<input type="checkbox"/> Pudgee	<input type="checkbox"/> HR 50	<input type="checkbox"/> HR 70	etc...	2	\$70.00
Plywood Base Material												

From Page 2

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Many Write In
Boxes contain
a drop down of
available
choices OR
just type in the
box!

The HCPCS codes provided are based on code verification by the PCA/C or our interpretation of the code definitions. Proper use of HCPCS codes does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.

Step 3: Select Foam

☐ CS-01-2020 Omit Foam N/C
☒ CS-01-2000 Standard Foam (1.5" HR 70) \$0
☐ Non-Standard Foam (See grid)

☐ CS-01-2010 1" Med/Soft Summite over 1/2" HR 70 \$75
☐ Custom Foam (Complete & attach custom foam diagram page from Core Trim product selection guide. Transfer calculated price to this page.) \$ _____

Choose only one box per row. (When ordering Qty 2 of any foam below - the result will be a 1" piece of non-declared foam)

Reset	Seat Selection	Summite Soft Med Back	Med	X-Soft	Soft	Mac	Pudgee Soft Med Back	Mac	Rugae	HR 50	HR 70	HR 10	Qty = QTY 2	Back HR Qty	Price = Qty x Price per Unit Box
	Layer 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	\$0.00
	Layer 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	\$0.00
	Bottom Layer 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	\$0.00

Invoiced Base Material:

Step 4: Select Additional Modifications (Complete Diagram page where necessary)

Additional Shape/Cover Modifications

<input type="checkbox"/> CS-01-4810 Attaching Strips, Hook on Bottom	\$35	<input type="checkbox"/> CS-01-4450 Sewal	\$110
<input type="checkbox"/> CS-01-4840 Attaching Strips Loop on Bottom	\$35	<input type="checkbox"/> CS-01-4400 Standard 2" x 3" Seat Seat Notch	N/C
<input type="checkbox"/> CS-01-4790 Incontinent Firm Covering	\$75	<input type="checkbox"/> CS-01-4460 Mid-Seam Cutout for X-Brace	\$110
<input type="checkbox"/> CS-01-4940 Undercut Front Seat Edge	\$115	<input type="checkbox"/> CS-01-4950 Sewal Roll Foam Overlay	\$110

Write in Shape/Cover Modifications from Product Selection Guide:
Enter From Drop Down
Enter From Drop Down
Enter From Drop Down
Enter From Drop Down
Enter From Drop Down

Step 5: Select Adjustment Rails (Tracks)

☒ No Adjustment Rails (Track Required) \$0
☐ Adj. Rails (Track) Mounting Hip Supports \$145
☐ Adj. Rails (Track) Running Depth of Seat \$145

Part A: ☐ Single Slot Adjustment Rails
☐ Double Slot Adjustment Rails
☒ Reset

Part C: ☐ Sumite Select Length
☐ Wide Length Part No. Below
Enter From Drop Down
☒ Reset

Step 6: Select Attaching Hardware

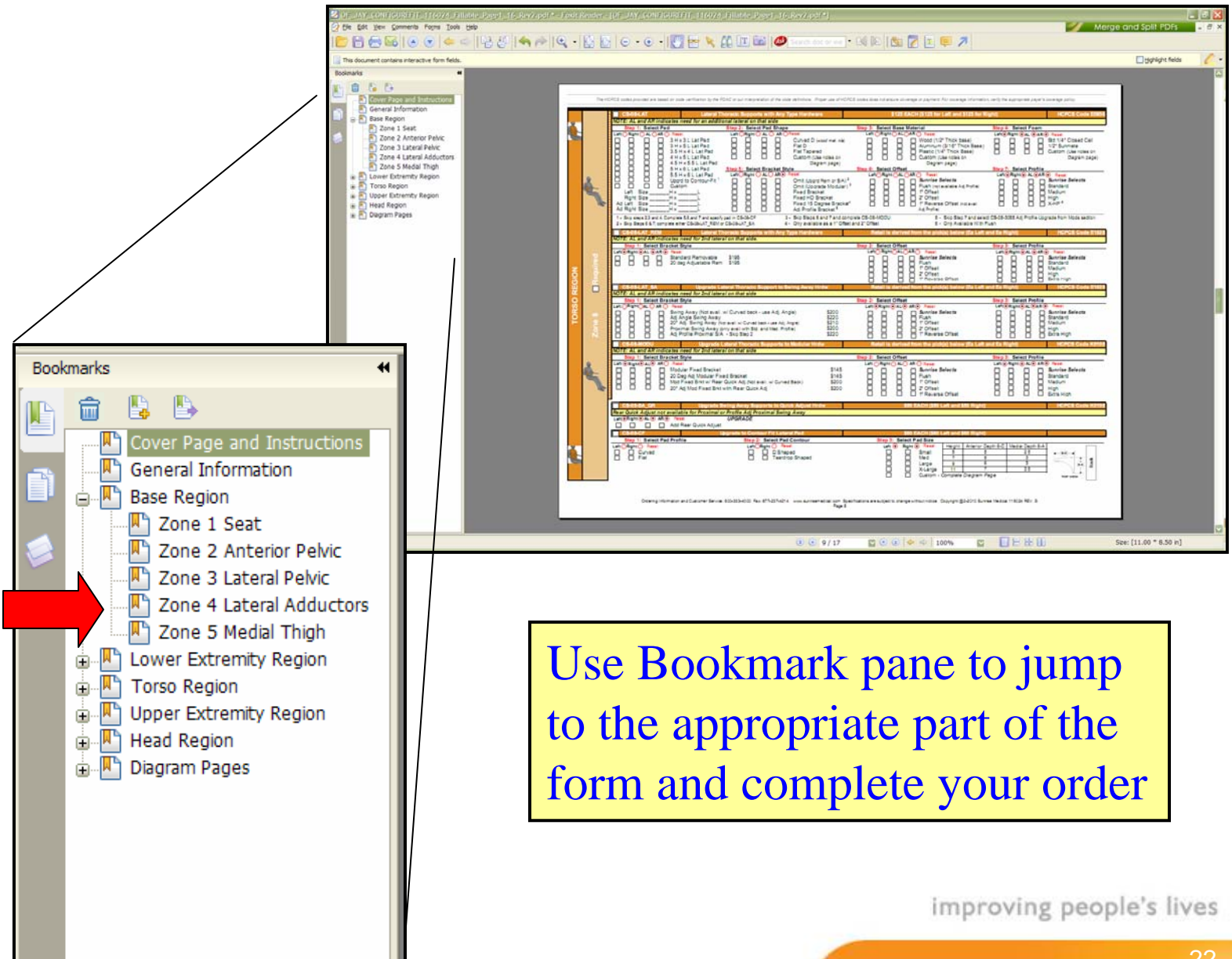
Front Seat Hardware (Sumite select part number) → Rear Seat Hardware (Sumite select part number)

Write in Shape/Cover Modifications from Product Selection Guide:
Enter From Drop Down
Enter From Drop Down
CS-01-4170 1 Stimulite Honeycomb to Entire Seat \$200
CS-01-4180 1/2 Stimulite Honeycomb to Entire Seat \$145
CS-01-4480 Omit T-Nuts \$0
CS-01-4110 Add 1/2 Akton To Entire Seat \$200
CS-01-4120 Add 7/8 Akton Entire Seat \$200
CS-01-4130 Add Akton Cubes To Entire Seat \$200
CS-01-4470 Custom T-Nut Pattern Diagram Req \$20
CS-01-4020 Left Obliquity Build Up Diagram Req \$110
CS-01-4030 Right Obliquity Buildup Diagram Req \$110
CS-01-4080 Add 1/2 Akton To It Region Diagram Req \$170
CS-01-4090 Add 7/8 Akton It Region Seat Diagram Req \$170
CS-01-4100 Add Akton Cubes To It Region Diagram Req \$170
CS-01-4160 1 Pudgee Partial Insert, Seat Diagram Req \$145
CS-01-4190 Partial Stimulite Insert, Seat Diagram Req \$145
CS-01-4140 Cubed Seat W/Additional Cubes (2X 2X2, Hr Foam) Diagram Req \$305
CS-01-4150 Custom Cubes-Seat (Other Than 2X2X2,Hr Foam) Diagram Req \$360
CS-01-4070 Ischial Shelf Addition Standard Diagram Req \$310

Sumite Select Hardware Front of Seat
a Deck (CS-07C4C) with a Seal Deck Drawer in CS-07D4C

Sumite Select Hardware Rear of Seat
a Deck (CS-07C4C) with a Seal Deck Drawer in CS-07D4C

Product Selection Guide

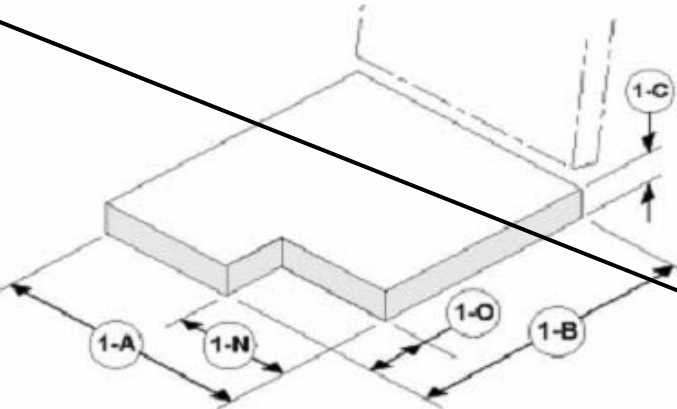


Use Bookmark pane to jump to the appropriate part of the form and complete your order

Complete the appropriate diagrams by just typing on the lines

CS-01-4010

CS-01-4010
Provide Dimensions



1-A	15.00
1-B	16.00
1-C	1.50
1-N	8.00
1-O	2.00



How to Use the Form



Upon completion,
Select File>Save
As..

And name the file
with an appropriate
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Close Ctrl+W
Close All
Save Ctrl+S
Save As... Ctrl+Shift+S
Print... Ctrl+P
Print Setup...
Properties... Ctrl+D
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3 OF_JAY_CONFIGUREFIT_116024_Fillable_Page1_16_Rev2.pdf
4 Book1.pdf
Exit Ctrl+Q

Zone 1
Zone 3
Zone 6
Zone 7
Zone 8
Notes

BASE REGIO

Zone 3

Zone 6

LOWER EXTREMITY REGION

CS-01-4010 CS-01-4010 CS-01-4095

Provide Dimensions

1-A 15.00
1-B 16.00
1-C 1.80
1-N 8.00
1-O 2.00

CS-03-1110 CS-03-1110 CS-03-1110

LEFT RIGHT

Provide Dimensions

Check Box to Fit to Contour

3-AL 3-AR
3-BL 3-BR
3-LL 3-LR
3-ML 3-MR

CS-05-2700R CS-05-2700R CS-05-2700L

Provide Dimensions

5-A
5-B
5-C

6-A
6-B
6-C

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Conclusion



Thank you for your time...

If you have any questions...

contact customer service at 800-333-4000