



JAY® J3 Carbon Fiber Posterior (PA) Backrest

E2613

January 2022

Mark For: _____
 Date: _____
 Dealer Acct #: _____
 Dealer: _____
 Dealer Contact: _____
 Dealer Address: _____
 Dealer City: _____ ST: _____ ZIP: _____
 Dealer Phone: () _____ Fax: () _____
 Confirmation Email: _____
 Confirm Via: Fax Email

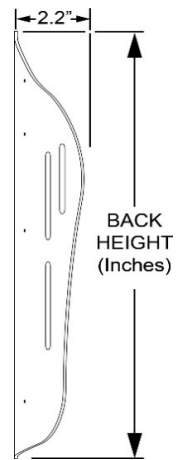
Submitting for: Quote Order
 PO#: _____
ADDITIONAL SHIPPING INFORMATION
 Ship To: _____
 Attention: _____
 Address: _____
 Address: _____
 Ship To City: _____ ST: _____ ZIP: _____
 Ship To Phone: () _____ Fax: () _____

The **HCPCS CODES** herein are based on PDAC verification or interpretation of Medicare definitions and guidelines. Non-Medicare payers may accept alternative **HCPCS CODES**, including misc. codes to ensure access for their enrollees. The use of **HCPCS CODES** does not ensure coverage or payment.

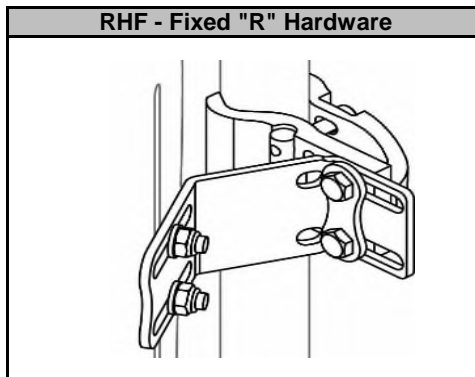
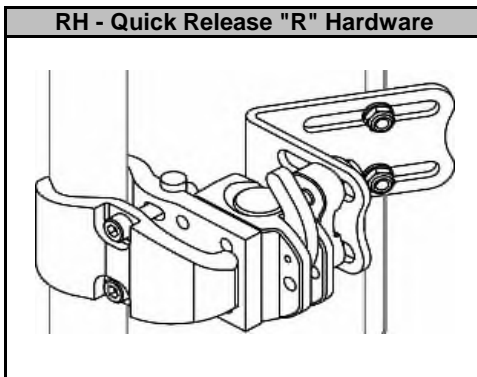
JAY J3 Carbon Fiber Posterior (PA) Backrest - E2613



BACKREST WIDTH	14"	16"	18"	20"
BACKCANE WIDTHS	14"- 16"	16"- 18"	18"- 20"	20"- 22"
MAX. USER TRUNK WIDTH	13"	15"	17"	19"



Back Height	Lower Thoracic (LT)									
		6.5" (S)	J3CFPALTSxxRH	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	
		J3CFPALTSxxRHF	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963		
	8.0" (M)									
	9.5" (T)	J3CFPALTTxxRH	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	<input type="checkbox"/> 20	\$963
		J3CFPALTTxxRHF	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	<input type="checkbox"/> 20	\$963
Mid Thoracic (MT)										
	12.0" (S)	J3CFPAMTSxxRH	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	<input type="checkbox"/> 20	\$963
		J3CFPAMTSxxRHF	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	<input type="checkbox"/> 20	\$963
	13.5" (M)									
	15.0" (T)	J3CFPAMTTxxRH	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	<input type="checkbox"/> 20	\$963
		J3CFPAMTTxxRHF	<input type="checkbox"/> 14	\$963	<input type="checkbox"/> 16	\$963	<input type="checkbox"/> 18	\$963	<input type="checkbox"/> 20	\$963



JAY Your Way Modifications available on Page 2.

JAY YOUR WAY MODIFICATIONS

To order sizes offered via JAY Your Way add a "M" to the front of the part number and follow the prompts.

For additional modifications visit www.sunrisemedical.com.

MILITARY SERVICE PATCHES

<input type="checkbox"/>	VAPH	Purple Heart Service Patch	NC
<input type="checkbox"/>	VAM	Marine Service Patch	NC
<input type="checkbox"/>	VAA	Army Service Patch	NC
<input type="checkbox"/>	VAAF	Air Force Service Patch	NC
<input type="checkbox"/>	VAN	Navy Service Patch	NC
<input type="checkbox"/>	VACG	Coast Guard Service Patch	NC

SPINAL FLUID PAD

<input type="checkbox"/>	SFP	Spinal Fluid Pad	\$55.00
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VISCO FOAM INSERT

<input type="checkbox"/>	VF	Visco Foam Insert	\$55.00
<input type="checkbox"/>	VFWSR	Visco Foam Insert with Spinal Relief	\$55.00

EMBROIDERY

<input type="checkbox"/>	EMBROIDERY	K0108	Embroidery (32 Character Max)	\$23.00
Location: <input type="checkbox"/> Front				
Font: <input type="checkbox"/> Block <input type="checkbox"/> Script				
Embroidery Text: <input style="width: 95%;" type="text"/>				
Embroidery Color: <input style="width: 95%;" type="text"/>				

Don't see the option you want? NO PROBLEM!
Write your request below and we can evaluate it and provide a quote

Notes:

COVER OPTIONS - Contact Surface

<input type="checkbox"/>	DBS	Dartex Back Surface	NC
<input type="checkbox"/>	3DXBS	3DX Back Surface	NC
<input type="checkbox"/>	RDBS	Reverse Dartex Back Surface	NC

COVER OPTIONS - Rear Center Flap

<input type="checkbox"/>	DCC	Digital Camouflage Cover	NC
<input type="checkbox"/>	CBC	Black Cover	NC
<input type="checkbox"/>	CBCI	Black Incontinence Cover	NC



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