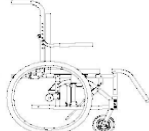


Account # _____ Date: _____
 PO# _____ Buyer: _____
 Marked For: _____
 ATS/RTS Name: _____
 Chair Order #: _____ Assemble to Base


Ship To: _____
 Address: _____
 City / State: _____
 Zip Code: _____ Phone Number _____

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.

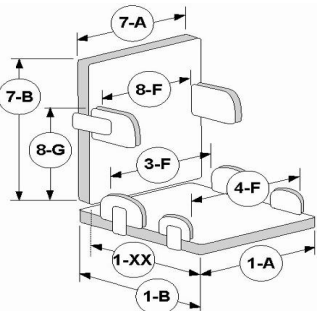
STEP 1 Mobility Base Information



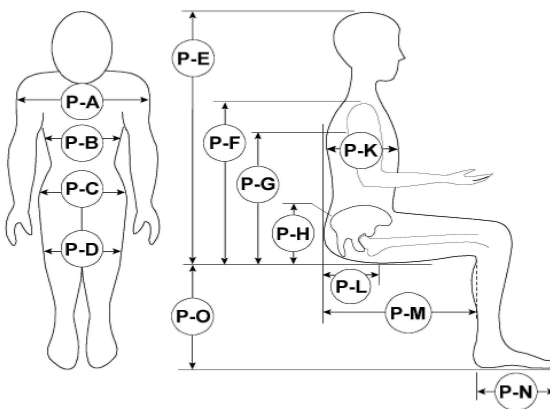
Mobility Base Manufacturer _____
Mobility Base Model _____
Width _____
Depth _____
 Back Cane Height _____
 Armrest Type _____
 Seat Tubing Diameter _____
 Upper Back Cane Tubing Dia. _____
 Lower Back Cane Tubing Dia. _____
 Joy Stick Location _____



STEP 3 Seating System Dimensional Specifications
 Sunrise Completes*
 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-GL _____
 Seat to top Lat Thor, Right 8-GR _____
 Dist Between Lats at Knee 4-F _____
**Requires all patient measurements*



STEP 2 Patient Dimensional Information



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
 Style A Style R
(Style A is default)

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-FL** _____
Seat to Top of Shoulder, Right **P-FR** _____
 Seat to Axilla, Left **P-GL** _____
 Seat to Axilla, Right **P-GR** _____
 Seat to PSIS **P-H** _____
 Chest Depth **P-K** _____
 Back to Anterior of ITS **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** _____

Embroidery Info. (Must order Back)
Text _____

Style Script Block
Thread Color _____
Stock Monogram _____

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

Step 1: Select Contour

CS-01-1000 Flat Seat \$ 296

CS-01-1020 Anti-Thrust Seat \$537

CS-01-1040 Contoured Seat \$999

Step 2: Select Base

CS-01-3000 Standard Base (1/2" Thick)¹ N/C

1 - Must select for Transit - Weight Limit 250lbs - Transit 200lbs

BASE REGION

Zone 1



Start

General Information

Step 3: Select Foam

- CS-01-2020 Omit Foam N/C CS-01-2010 1" Med/Soft Sunmate over 1/2" HR 70 \$152
- CS-01-2000 Standard Foam (1.5" HR 70) \$0 Made To Order Foam (Complete & attach personalized foam diagram page from Zone 1 in product selection guide. Transfer calculated price to this page.) \$ _____
- Non-Standard Foam (use grid)

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 \$79 / Half Inch			Visco Foam \$94/ Half Inch			Pudgee \$182/Half Inch		High Resiliency \$28/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			
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			
Layer 2	<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	2" = QTY 4			
Bottom Layer 1	<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	etc...			
Plywood Base Material													

Choose the pricing option for items selected in Steps 4 through 6: Add the price of these options to the price of the Seat List the price of these items separately

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

Additional Shape/Cover Modifications

Write-in Shape/Cover Modifications from Product Selection Guide:

	\$
	\$

Additional Structural Modifications

Write-in Structural Modifications from Product Selection Guide:

	\$
	\$

Step 5: Select Adjustment Rails (Tracks)

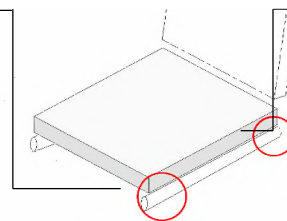
Write-in Adjustment Rail Part Number From Product Selection Guide:

	\$
--	----

Step 6: Select Attaching Hardware

Front Seat Hardware (Sunrise selects part number)

- Universal Hardware Transit ¹ \$598
- Universal Hardware \$546
- Adj Drop Hook Style \$166
- Fixed Drop Hook Style \$166
- EZ Mount Style \$282
- Snap-On Style \$273
- Omit Hardware N/C



Rear Seat Hardware (Sunrise selects part number)

- Universal Hardware Transit ² \$598
- Universal Hardware \$546
- Adj Drop Hook Style \$166
- Fixed Drop Hook Style \$166
- EZ Mount Style \$282
- Snap-On Style \$273
- Omit Hardware N/C
- Seat Tabs ³ \$62

- 1 - Must order Seat Tabs or Universal Transit Hardware for rear of seat. If ordering Seat Tabs, must order a Back (CS-07-BACK) with a Seat/Back Bracket in Step 7 of CS-07-BACK
- 2 - Must order Universal Transit Hardware Front of Seat
- 3 - Must order a Back (CS-07-BACK) with a Seat/Back Bracket in Step 7 of CS-07-BACK

Write-in from Product Selection Guide

	\$
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Write-in from Product Selection Guide

	\$
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CS-02-PELVICSPP Single Pull Anterior Pelvic Support Padded \$103 EACH HCPCS Code E0978

Select Buckle Style	Select Buckle Size		Select Pad Size Corresponding to Buckle Size			
	<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"/> 7.5" Long	
	<input type="checkbox"/> Plastic Side Release	<input type="checkbox"/> 1.5"		<input type="checkbox"/> 7.5" Long	<input type="checkbox"/> 9.5" Long	
		<input type="checkbox"/> 2"			<input type="checkbox"/> 9.5" Long	<input type="checkbox"/> 11.5" Long

¹ - Size available in push button only.

CS-02-PELVICDPP Dual Pull Anterior Pelvic Support Padded \$103 EACH HCPCS Code E0978

Select Buckle Style	Select Buckle Size		Select Pad Size Corresponding to Buckle Size		
	<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"/> 7.5" Long
	<input type="checkbox"/> Plastic Side Release	<input type="checkbox"/> 1.5"		<input type="checkbox"/> 7.5" Long	<input type="checkbox"/> 9.5" Long

¹ - Size available in push button only.

CS-02-PELVIC4PP 4 Point Anterior Pelvic Support Padded \$169 EACH HCPCS Code E0978

Select Buckle Style	Select Buckle Size		Select Pad Size Corresponding to Buckle Size		
	<input type="checkbox"/> Push Button Release	<input type="checkbox"/> 1.5"	<input type="checkbox"/> 4.5" Long	<input type="checkbox"/> 5.5" Long	<input type="checkbox"/> 6.5" Long
<input type="checkbox"/> Plastic Side Release					

OTHER

Write-in From Product Selection Guide

	\$
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Write-in From Product Selection Guide

	\$
--	----

Write-in From Product Selection Guide

	\$
--	----

BASE REGION

Required

BASE REGION

Zone 1

BASE REGION

Zone 2 Required

CS-03-HIP		Lateral Pelvic Supports with Any Type Hardware			Retail is derived from the pick(s) below (Ea Left and Ea Right)			HCPCS Code E0956			
When using separate Pelvic and Adductor supports complete the section below and then complete Zone 4 to add the Adductor Pads											
Step 1: Select Pad		Step 2: Select Bracket Style			Step 3: Select Offset			Step 4: Select Profile			
<input type="checkbox"/> Check Box if Mounting to Back											
	Left	Right		Left	Right		Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	Personalized Pelvic/Thigh Pad ¹	<input type="checkbox"/>	<input type="checkbox"/>	Omit (Upgrade) Brkt (to upgrade to Rem Brkts) ³	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/>	Contoured Pelvic/Thigh Pad ²	<input type="checkbox"/>	<input type="checkbox"/>	Omit (Upgrade Modu) Brkt (Upgrade to Modular Brkts) ⁴	<input type="checkbox"/>	<input type="checkbox"/>	Flush (not available Adj Profile)	<input type="checkbox"/>	<input type="checkbox"/>	Standard
<input type="checkbox"/>	<input type="checkbox"/>	3"H x 4"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/>	Fixed Bracket	<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	Medium
<input type="checkbox"/>	<input type="checkbox"/>	4"H x 5"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/>	Fixed HD Bracket	<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>	High
<input type="checkbox"/>	<input type="checkbox"/>	4"H x 6"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/>	Fixed 15 Degree Bracket	<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset (not avail with adj profile)	<input type="checkbox"/>	<input type="checkbox"/>	Extra High
<input type="checkbox"/>	<input type="checkbox"/>	5"H x 6"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/>	Adjustable Profile Bracket ⁵	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
					³ Skip Steps 3 and 4 and complete CS-03-HIP_REM			⁵ Skip step 3 and select CS-03-3055 Adj Profile Upg from			
					⁴ Skip Steps 3 and 4 and complete CS-03-MODU			Lateral Pelvic Support Bracket Modifications section			
CS-03-HIP_REM		Upgrade Lateral Pelvic Supports to Removable Hardware			Retail is derived from the pick(s) below (Ea Left and Ea Right)			HCPCS Code E1028			
Step 1: Select Bracket Style		Step 2: Select Offset			Step 3: Select Profile						
<input type="checkbox"/> Check Box if Mounting to Back											
	Left	Right		Left	Right		Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	Standard Removable	\$394	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects		
<input type="checkbox"/>	<input type="checkbox"/>	20° Adjustable Removable	\$394	<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	Standard		
<input type="checkbox"/>	<input type="checkbox"/>	Large Target Button Rem ¹	\$416	<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	Medium		
<input type="checkbox"/>	<input type="checkbox"/>	Rail Mount (Track) Removable ²	\$447	<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>	High		
				<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset	<input type="checkbox"/>	<input type="checkbox"/>	Extra High		
¹ - Flush and 1" offset only, Standard and Medium Profile only											
² - Used for mounting to Mobility Base Tracking Systems											
CS-03-MODU		Upgrade Lateral Pelvic Supports to Modular Hardware			Retail is derived from the pick(s) below (Ea Left and Ea Right)						
Step 1: Select Bracket Style		Step 2: Select Offset			Step 3: Select Profile						
<input type="checkbox"/> Check Box if Mounting to Back											
	Left	Right		Left	Right		Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	Modular Fixed Bracket	\$282	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects		
<input type="checkbox"/>	<input type="checkbox"/>	20 Deg Adj Modular Fixed Brakt	\$282	<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	Standard		
				<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	Medium		
				<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>	High		
				<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Of	<input type="checkbox"/>	<input type="checkbox"/>	Extra High		
Lateral Pelvic Support Bracket Modifications					Each Selection = 1 Each part number w/ price (Ea Left and Ea Right)						
	Left	Right					Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	CS-03-3055	Adjustable Profile Upgrade	\$54			<input type="checkbox"/>	<input type="checkbox"/>	CS-03-3025 1/4" Bracket Spacer \$31		
			Write-in From Product Selection Guide				<input type="checkbox"/>	<input type="checkbox"/>	CS-03-3050 1/2" Bracket Spacer \$31		
			Write-in From Product Selection Guide								
			Write-in From Product Selection Guide								
			Write-in From Product Selection Guide								
Lateral Pelvic Support Pad Modifications					Each Selection = 1 Each part number w/ price (Ea Left and Ea Right)						
			Write-in From Product Selection Guide								
			Write-in From Product Selection Guide								
CS-04-ADD		Lateral Adductor Supports with Any Fixed Hardware			Retail is derived from the pick(s) below (Ea Left and Ea Right)			HCPCS Code E0953			
Select either CS-04-ADD (adductor mounted to seat) OR CS-04-ADD_FM (adductor mounted to mobility base frame)											
Step 1: Select Pad		Step 2: Select Bracket Style			Step 3: Select Offset			Step 4: Select Profile			
	Left	Right		Left	Right		Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	3"H x 4"L Adductor Pad	<input type="checkbox"/>	<input type="checkbox"/>	Omit (Upgrade) Brkt (Select for Rem Brkts) ¹	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/>	4"H x 4"L Adductor Pad	<input type="checkbox"/>	<input type="checkbox"/>	Omit (Upgrade) Brkt (Upgrade for Modular Brkts) ²	<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	Standard
<input type="checkbox"/>	<input type="checkbox"/>	4"H x 5"L Adductor Pad	<input type="checkbox"/>	<input type="checkbox"/>	Fixed Bracket	<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	Medium
<input type="checkbox"/>	<input type="checkbox"/>	Made To Order (Complete size below)	<input type="checkbox"/>	<input type="checkbox"/>	Fixed HD Bracket	<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>	High
		Left Size ____"H x ____"L	<input type="checkbox"/>	<input type="checkbox"/>	Adjustable Profile Bracket ³	<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset	<input type="checkbox"/>	<input type="checkbox"/>	X-HP
		Right Size ____"H x ____"L									
					¹ - Skip Steps 3 and 4 and complete CS-04-ADD_REM			² - Skip Steps 3 and 4 and complete CS-04-ADD_MODU			
								³ - Skip step 4 and select CS-04-3055 Adj Profile Upgrade from Modifications section			

BASE REGION

Zone 3 Required

BASE REGION

Zone 4 Required

BASE REGION

Zone 4 Required

CS-04-ADD_REM Upgrade Lat Adductor Supports to Removable				Retail is derived from the pick(s) below (Ea Left and Ea Right)				HCPCS Code E1028		
Step 1: Select Style Bracket		Step 2: Select Offset		Step 3: Select Profile		Step 4: Select Distal		Offset Adapter		
Left	Right	Left	Right	Left	Right	Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	Standard Removable	\$394	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	2" Distal	\$54
<input type="checkbox"/>	<input type="checkbox"/>	20 deg Adjustable Rem	\$394	<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	3" Distal	\$54
<input type="checkbox"/>	<input type="checkbox"/>	Large Target Button Rem ¹	\$416	<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Rail Mount (Track) Rem	\$447	<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset	<input type="checkbox"/>	<input type="checkbox"/>		

1 - Flush and 1" Offset only, Standard and Medium Profile only - NO Distal Offset adapter available -Skip step 4

BASE REGION

Zone 4 Required

CS-04-MODU Upgrade Lat Adductor Supports to Removable				Retail is derived from the pick(s) below (Ea Left and Ea Right)				HCPCS Code E1028		
Step 1: Select Style Bracket		Step 2: Select Offset		Step 3: Select Profile		Step 4: Select Distal		Offset Adapter		
Left	Right	Left	Right	Left	Right	Left	Right			
<input type="checkbox"/>	<input type="checkbox"/>	Modular Fixed Bracket	\$282	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	2" Distal	\$54
<input type="checkbox"/>	<input type="checkbox"/>	20 Deg Adj Modular Fixed Brkt	\$282	<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	3" Distal	\$54
				<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset	<input type="checkbox"/>	<input type="checkbox"/>		

Lateral Adductor Support Bracket Modifications

<input type="checkbox"/>	<input type="checkbox"/>	CS-04-3055 Adjustable Profile Upgrade	\$54
Write-in From Product Selection Guide			
			\$

Each Selection = 1 Each part number w/ price (ea Left and Ea Right)

<input type="checkbox"/>	<input type="checkbox"/>	CS-04-3025 1/4" Bracket Spacer	\$31
<input type="checkbox"/>	<input type="checkbox"/>	CS-04-3050 1/2" Bracket Spacer	\$31
Write-in From Product Selection Guide			
			\$

Lateral Adductor Support Pad Modifications

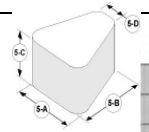
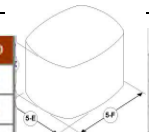
<input type="checkbox"/>	<input type="checkbox"/>	Write-in From Product Selection Guide	\$
<input type="checkbox"/>	<input type="checkbox"/>	Write-in From Product Selection Guide	\$

Each Selection = 1 Each part number w/ price (ea Left and Ea Right)

<input type="checkbox"/>	<input type="checkbox"/>	Write-in From Product Selection Guide	\$
<input type="checkbox"/>	<input type="checkbox"/>	Write-in From Product Selection Guide	\$

BASE REGION

Zone 5 Required

CS-05-ABD Medial Thigh Support with Fixed Bracket				Retail is derived from the pick made below (Ea)				HCPCS Code E0957																																																			
Step 1: Select Pad Style		Step 2: Select Pad Size		Step 3: Select Bracket																																																							
<input type="checkbox"/>	<input type="checkbox"/>	Oval	X-Small (Oval only)					<input type="checkbox"/>	Fixed																																																		
<input type="checkbox"/>	<input type="checkbox"/>	Wedge	Small	5-A _____		<table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr><th>Wedge</th><th>5-A</th><th>5-B</th><th>5-C</th><th>5-D</th></tr> <tr><td>S</td><td>3</td><td>4</td><td>3</td><td>2</td></tr> <tr><td>M</td><td>4.5</td><td>5</td><td>3</td><td>2</td></tr> <tr><td>L</td><td>5</td><td>5</td><td>4</td><td>3</td></tr> <tr><td>Custom</td><td colspan="4" style="text-align: center;">Specify</td></tr> </table>	Wedge	5-A	5-B	5-C	5-D	S	3	4	3	2	M	4.5	5	3	2	L	5	5	4	3	Custom	Specify					<table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr><th>Oval</th><th>5-C</th><th>5-E</th><th>5-F</th></tr> <tr><td>XS</td><td>3</td><td>2.5</td><td>3.5</td></tr> <tr><td>S</td><td>3</td><td>3</td><td>4</td></tr> <tr><td>M</td><td>3</td><td>4.5</td><td>5</td></tr> <tr><td>L</td><td>4</td><td>5</td><td>5</td></tr> <tr><td>Custom</td><td colspan="3" style="text-align: center;">Specify</td></tr> </table>	Oval	5-C	5-E	5-F	XS	3	2.5	3.5	S	3	3	4	M	3	4.5	5	L	4	5	5	Custom	Specify			<input type="checkbox"/>	Upgrade to Flip Down or Removable (Complete CS-05-ABD_REM)
Wedge	5-A	5-B	5-C	5-D																																																							
S	3	4	3	2																																																							
M	4.5	5	3	2																																																							
L	5	5	4	3																																																							
Custom	Specify																																																										
Oval	5-C	5-E	5-F																																																								
XS	3	2.5	3.5																																																								
S	3	3	4																																																								
M	3	4.5	5																																																								
L	4	5	5																																																								
Custom	Specify																																																										
			Medium	5-B _____																																																							
			Large	5-C _____																																																							
			Made To Order	5-D _____																																																							
				5-E _____																																																							
				5-F _____																																																							

All units in inches

BASE REGION

Zone 5 Required

CS-05-ABD_REM Medial Thigh Support Removable/Retractable Upgrade				Retail is derived from the pick made below (Ea)				HCPCS Code E1028	
Choose only one item from this section		Choose only one item from this section		Choose only one item from this section					
<input type="checkbox"/>	<input type="checkbox"/>	Push Button Flip Down Upgrade	\$484	<input type="checkbox"/>	<input type="checkbox"/>	Pull Away Upgrade	\$546		
<input type="checkbox"/>	<input type="checkbox"/>	Push Button Removable Slide-out Upgrade	\$546	<input type="checkbox"/>	<input type="checkbox"/>	Hide Away Upgrade (L-Mount)	\$750		
<input type="checkbox"/>	<input type="checkbox"/>	Narrow Profile Push Button Flip Down Upgrade	\$484	<input type="checkbox"/>	<input type="checkbox"/>	Hide Away Upgrade (T-Mount)	\$750		
<input type="checkbox"/>	<input type="checkbox"/>	Narrow Profile Push Button Removable Slide-out Upgrade	\$546	<input type="checkbox"/>	<input type="checkbox"/>	Adjustable Hide Away Upgrade	\$796		
				<input type="checkbox"/>	<input type="checkbox"/>	Swing Away Upgrade	\$501		

Medial Thigh Support Pad Modifications

<input type="checkbox"/>	<input type="checkbox"/>	CS-05-3140 1/2" Pudgee Foam in Medial Support	\$107
<input type="checkbox"/>	<input type="checkbox"/>	CS-05-3220 7/8" Akton Polymer in Medial Support	\$152
Write-in From Product Selection Guide			
			\$

Each Selection = 1 Each part number w/ price (ea Left and Ea Right)

<input type="checkbox"/>	<input type="checkbox"/>	Write-in From Product Selection Guide	\$
<input type="checkbox"/>	<input type="checkbox"/>	Write-in From Product Selection Guide	\$

LOW EXTREMITY REGION

Zone 6

Lower Extremity Supports	Each Selection Below Creates 1 Each of Part Number	See Product Selection Guide for Sizes																																															
See Product Selection Guide for Sizes																																																	
<p>SHOE HOLDER</p> <table border="0"> <tr> <td><input type="checkbox"/> CS-06-1010L</td> <td>ABS Shoe Holder Left E0951/E0952</td> <td>\$183</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/> X-LG</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1010R</td> <td>ABS Shoe Holder Right E0951/E0952</td> <td>\$183</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/> X-LG</td> </tr> </table> <p>TENDON RELIEF SHOE HOLDER</p> <table border="0"> <tr> <td><input type="checkbox"/> CS-06-1030L</td> <td>Tendon Relief Shoe Hldr Left E0951/E0952</td> <td>\$399</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/> X-LG</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1030R</td> <td>Tendon Relief Shoe Hldr Right E0951/E0952</td> <td>\$399</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/> X-LG</td> </tr> </table> <p style="text-align: center;">Write-in From Product Selection Guide</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	<input type="checkbox"/> CS-06-1010L	ABS Shoe Holder Left E0951/E0952	\$183	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/> X-LG	<input type="checkbox"/> CS-06-1010R	ABS Shoe Holder Right E0951/E0952	\$183	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/> X-LG	<input type="checkbox"/> CS-06-1030L	Tendon Relief Shoe Hldr Left E0951/E0952	\$399	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/> X-LG	<input type="checkbox"/> CS-06-1030R	Tendon Relief Shoe Hldr Right E0951/E0952	\$399	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/> X-LG		\$	<p>FOOT AND ANKLE POSITIONER</p> <table border="0"> <tr> <td><input type="checkbox"/> CS-06-1050L</td> <td>Foot and Ankle Positioning Left</td> <td>K0108 \$183</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/> X-LG</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1050R</td> <td>Foot and Ankle Positioning Right</td> <td>K0108 \$183</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/> X-LG</td> </tr> </table> <p>ANKLE POSITIONER</p> <table border="0"> <tr> <td><input type="checkbox"/> CS-06-1070L</td> <td>Ankle Positioner Left</td> <td>K0108 \$188</td> <td><input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> CS-06-1070R</td> <td>Ankle Positioner Right</td> <td>K0108 \$188</td> <td><input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG</td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;">Write-in From Product Selection Guide</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	<input type="checkbox"/> CS-06-1050L	Foot and Ankle Positioning Left	K0108 \$183	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/> X-LG	<input type="checkbox"/> CS-06-1050R	Foot and Ankle Positioning Right	K0108 \$183	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/> X-LG	<input type="checkbox"/> CS-06-1070L	Ankle Positioner Left	K0108 \$188	<input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/>	<input type="checkbox"/> CS-06-1070R	Ankle Positioner Right	K0108 \$188	<input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG	<input type="checkbox"/>		\$
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TORSO REGION

Zone 7

CS-07-BACK

Made To Order Configured Back

Retail Price is derived by adding all items in Zone 7 (Ea)

HCPCS Code E2617

Only certain contour options are available depending on base selection - Use this column for flat structural base.

Step 1: Choose Contour by Structural Base Option - FLAT BASE

<p><input type="checkbox"/> CS-07-1005 Flat Back Complete Diagram page \$296</p> <p><input type="checkbox"/> CS-07-1020 Curved By Foam Back Complete Diagram page \$598</p>	OR	<p><input type="checkbox"/> CS-07-1010 Curved Back Complete Diagram page \$515</p>
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Step 2: Choose Structural Base Option from the same column as above

<p>Select Flat Base</p> <p><input type="checkbox"/> CS-07-3000 Standard Base³ (1/2" Thick) N/C</p>	OR	<p>Select Curved Base</p> <p><input type="checkbox"/> CS-07-3060 Curved Back Base⁹ N/C</p>
--	----	--

³ Must select for Transit - Weight Limit 200lbs Transit/250lbs non-Transit
 ⁹ Can use with Transit - Weight Limit 200lbs Transit/250lbs non-Transit

Only certain contour options are available depending on base selection - Use this column for curved structural base.

Step 1: Choose Contour by Structural Base Option - CURVED BASE

Step 2: Choose Structural Base Option from the same column as above

Step 3: Select Foam

<input type="checkbox"/> CS-07-2020 Omit Foam	N/C	<input type="checkbox"/> CS-07-2030 1" Med/Soft Sunmate	\$152
<input type="checkbox"/> CS-07-2025 Standard Foam (1" HR 70)	\$0	<input type="checkbox"/> Made To Order Foam	(Complete & attach personalized foam diagram page from Zone 7 in product selection guide. Transfer calculated price to this page.)
<input type="checkbox"/> Non-Standard Foam (use grid)			\$ _____

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)

Back Schematic	Sunmate \$79 / Half Inch	Visco Foam \$94/ Half Inch	Pudgee \$182/Half Inch	High Resiliency \$28/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 1.5" = QTY 3 2" = QTY 4 etc...		
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			
Layer 2	<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			
Bottom Layer 1	<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			
Plywood Base Material							

Choose the pricing option for items selected in Steps 4 through 7: Add the price of these options to the price of the Seat List the price of these items separately

Step 4: Select Additional Modifications (Complete Diagram page or Find Diagram in Product Selection Guide and Use Write-in Section of Diagram Page)

Additional Shape/Cover Modifications

Write-in Shape/Cover Modifications from Product Selection Guide:

	\$
	\$

Additional Structural Modifications

Write-in Structural Modifications from Product Selection Guide:

	\$
	\$

Step 6: Select Adjustment Rails (Tracks)

PART A	<input type="checkbox"/> No Adjustment Rails (Tracks) Required	\$0
	<input type="checkbox"/> Adj. Rails (Tracks) for Mounting Lat Supports	\$282
	<input type="checkbox"/> Adj. Rails (Tracks) Running Depth of Back	\$282
	<i>Dbl slot adj. rails provided - skip Parts B and C</i>	

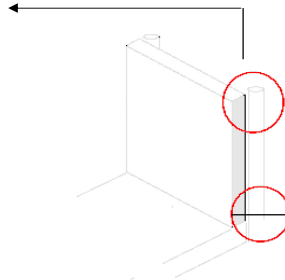
PART B	<input type="checkbox"/> Single Slot Adjustment Rails
	<input type="checkbox"/> Double Slot Adjustment Rails

PART C	<input type="checkbox"/> Sunrise Selects Length
	<input type="checkbox"/> Write Length Part No. Below

Step 7: Select Attaching Hardware

Upper Back Hardware (Sunrise selects part number)

<input type="checkbox"/> Universal Hardware Transit ¹	\$598
<input type="checkbox"/> Universal Style	\$546
<input type="checkbox"/> Adj Drop Hook Style	\$166
<input type="checkbox"/> Fixed Drop Hook Style	\$166
<input type="checkbox"/> EZ Mount Style ²	\$276
<input type="checkbox"/> Snap-On Style ²	\$273
<input type="checkbox"/> Omit Hardware	N/C



Lower Back Hardware (Sunrise selects part number)

<input type="checkbox"/> Seat to Back Bracket ³	\$325
<input type="checkbox"/> Adj Depth Seat to Back Bracket ³	\$440
<input type="checkbox"/> Universal Hardware Transit ⁴	\$598
<input type="checkbox"/> Universal Style	\$546
<input type="checkbox"/> Adj Drop Hook Style	\$166
<input type="checkbox"/> Fixed Drop Hook Style	\$166
<input type="checkbox"/> EZ Mount Style ²	\$282
<input type="checkbox"/> Snap-On Style ²	\$273
<input type="checkbox"/> Omit Hardware	N/C

Spacer Options

<input type="checkbox"/> Add'l 1/4" Seat depth growth w/ spacers ⁵	\$98
<input type="checkbox"/> Add'l 1/2" Seat depth growth w/ spacers ⁵	\$98
<input type="checkbox"/> Add'l 1" Seat depth growth w/ spacers ⁵	\$198
<input type="checkbox"/> Add'l 2" Seat depth growth w/ spacers ⁵	\$408

- 1 - Must order either Universal Transit for bottom of back OR Seat to Back Bracket
- 2 - Not available with Curved Back Base (CS-07-3060) or Curved PlastiTech Base (CS-07-3070)
- 3 - Not appropriate for Reclining wheelchair
- 4 - Must order Universal Mount Transit for Top of Back
- 5 - Must order Seat to Back Bracket from above

Write-in from Product Selection Guide

	\$
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Write-in from Product Selection Guide

	\$
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CS-08-LAT Lateral Thoracic Supports with Any Type Hardware Retail is derived from the pick(s) below (Ea Left and Ea Right) HCPCS Code E0956

NOTE: AL and AR indicates need for an additional lateral on that side

Step 1: Select Pad

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	3"H x 3"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	3"H x 5"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	3.5"H x 4"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	4"H x 5"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	4.5"H x 5.5"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	5"H x 6"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	5.5"H x 6"L Lat Pad
<input type="checkbox"/>	<input type="checkbox"/>	Upgrd to Contour-Fit ¹
<input type="checkbox"/>	<input type="checkbox"/>	Made To Order
Left Size _____"H x _____"L		
Right Size _____"H x _____"L		

Step 2: Select Pad Shape

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Curved D (wood mat. n/a)
<input type="checkbox"/>	<input type="checkbox"/>	Flat D
<input type="checkbox"/>	<input type="checkbox"/>	Flat Tapered
<input type="checkbox"/>	<input type="checkbox"/>	Made To Order (Use notes c Diagram page)

Step 5: Select Bracket Style

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Omit (Upgrd Rem or S/A) ²
<input type="checkbox"/>	<input type="checkbox"/>	Omit (Upgrade Modular) ³
<input type="checkbox"/>	<input type="checkbox"/>	Fixed Bracket
<input type="checkbox"/>	<input type="checkbox"/>	Fixed HD Bracket
<input type="checkbox"/>	<input type="checkbox"/>	Fixed 15 Degree Bracket ⁴
<input type="checkbox"/>	<input type="checkbox"/>	Adj Profile Bracket ⁵

Step 3: Select Base Material

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Wood (1/2" Thick base)
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum (3/16" Thick Base)
<input type="checkbox"/>	<input type="checkbox"/>	Plastic (1/4" Thick Base)
<input type="checkbox"/>	<input type="checkbox"/>	Made To Order (Use notes on Diagram page)

Step 6: Select Offset

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/>	Flush (not available Adj Profile)
<input type="checkbox"/>	<input type="checkbox"/>	1" Offset
<input type="checkbox"/>	<input type="checkbox"/>	2" Offset
<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset (not avail Adj Profile)

Step 4: Select Foam

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Std 1/4" Closed Cell
<input type="checkbox"/>	<input type="checkbox"/>	1/2" Sunmate
<input type="checkbox"/>	<input type="checkbox"/>	Made To Order (Use notes on Diagram page)

Step 7: Select Profile

Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/>	Standard
<input type="checkbox"/>	<input type="checkbox"/>	Medium
<input type="checkbox"/>	<input type="checkbox"/>	High
<input type="checkbox"/>	<input type="checkbox"/>	X-HP ⁶

- 1 - Skip steps 2,3 and 4, Complete 5,6,and 7 and specify pad in CS-08-CF
- 2 - Skip Steps 6 & 7; complete either CS-08-LAT_REM or CS-08-LAT_SA

- 3 - Skip Steps 6 and 7 and complete CS-08-MODU
- 4 - Only available as a 1" Offset and 2" Offset

- 5 - Skip Step 7 and select CS-08-3055 Adj Profile Upgrade from Mods section
- 6 - Only Available With Flush

TORSO REGION

Zone 7

TORSO REGION

Zone 8

Required

CS-08-LAT SA		Upgrade Lateral Thoracic Support to Swing Away Hrdw			Retail is derived from the pick(s) below (Ea Left and Ea Right)			HCPCS Code E1028		
NOTE: AL and AR indicates need for 2nd lateral on that side										
Step 1: Select Bracket Style					Step 2: Select Offset			Step 3: Select Profile		
Left	Right				Left	Right		Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Swing Away (Not avail. w/ Curved back - use Adj. Angle)	\$408		<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Adj Angle Swing Away	\$440		<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20° Adj. Swing Away (Not avail. w/ Curved back - use Adj. Angle)	\$408		<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Proximal Swing Away (only avail with Std. and Med. Profile)	\$408		<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Adj Profile Proximal S/A - Skip Step 2	\$440		<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset	<input type="checkbox"/>	<input type="checkbox"/>	
									Sunrise Selects	
									Standard	
									Medium	
									High	
									Extra High	
CS-08-MODU		Upgrade Lateral Thoracic Supports to Modular Hrdw			Retail is derived from the pick(s) below (Ea Left and Ea Right)					
NOTE: AL and AR indicates need for 2nd lateral on that side										
Step 1: Select Bracket Style					Step 2: Select Offset			Step 3: Select Profile		
Left	Right				Left	Right		Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Modular Fixed Bracket	\$282		<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20 Deg Adj Modular Fixed Bracket	\$282		<input type="checkbox"/>	<input type="checkbox"/>	Flush	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Mod Fixed Brkt w/ Rear Quick Adj.(Not avail. w/ Curved Back)	\$408		<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20 Deg Adj Mod Fixed Brkt with Rear Quick Adj	\$408		<input type="checkbox"/>	<input type="checkbox"/>	2" Offset	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	1" Reverse Offset	<input type="checkbox"/>	<input type="checkbox"/>	
									Sunrise Selects	
									Standard	
									Medium	
									High	
									Extra High	
CS-08-SA QR		Upgrade Swing Away Supports to Quick Adjust Hrdw			\$99 EACH (\$99 Left and \$99 Right)					
Rear Quick Adjust not available for Proximal or Profile Adj Proximal Swing Away										
Left	Right	AL	AR	UPGRADE						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add Rear Quick Adjust						
Lateral Thoracic Support Bracket Modifications					Each Selection Below Creates 1 Each of Part Number					
Left	Right				Write-in from Product Selection Guide:					
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-3055	Adjustable Profile Upgrade	\$54	Left				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-1170	Add Lever Style Summer Winter (Only avail. on Fixed, HD Fixed and Prox. SA Lats.)	\$106	Right				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-3025	1/4" Bracket Spacer	\$39	Left				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-3050	1/2" Bracket Spacer	\$39	Right				\$	
Lateral Thoracic Support Pad Modifications					Each Selection Below Creates 1 Each of Part Number					
Write-in from Product Selection Guide:										
Left		\$		Left		\$				
Right		\$		Right		\$				
CS-09-ATS1		Anterior Thoracic Support			\$292 EACH			HCPCS Code E0960		
Y Style Straps, Back Pack Shoulder Straps and Chest Straps are located in Zone 11										
Step 1: Select Style			Step 2: Select Construction			Step 3: Select Size				
<input type="checkbox"/>	Classic		<input type="checkbox"/>	Structured		<input type="checkbox"/>	Early Intervention (Not avail. In Structured)		<input type="checkbox"/>	Medium
<input type="checkbox"/>	Contour		<input type="checkbox"/>	Dynamic		<input type="checkbox"/>	Extra Small		<input type="checkbox"/>	Large
						<input type="checkbox"/>	Small		<input type="checkbox"/>	Extra Large
CS-09-ATS2		Center or Zipper Open Style Anterior Thoracic Support			\$292 EACH			HCPCS Code E0960		
Y Style Straps, Back Pack Shoulder Straps and Chest Straps are located in Zone 11										
Step 1: Select Style			Step 2: Select Size							
<input type="checkbox"/>	Center Opening		<input type="checkbox"/>	Early Intervention		<input type="checkbox"/>	Medium			
<input type="checkbox"/>	Zipper Open		<input type="checkbox"/>	Extra Small (Not avail. Zipper Open)		<input type="checkbox"/>	Large			
			<input type="checkbox"/>	Small		<input type="checkbox"/>	Extra Large			
OTHER		Each Selection Below Creates 1 Each of Part Number								
<input type="checkbox"/>	CS-09-1385	Strap Guides	\$107							
Write-in Structural Modifications from Product Selection Guide:										
									\$	
									\$	

TORSO REGION

Zone 8

TORSO REGION

Zone 9 Required

HEAD SUPPORT REGION

Zone 14 Required

CS-14-HEAD Head Support with Fixed Hardware Retail is derived from the pick(s) below (EACH) HCPCS Code E0955

All pads in this section are designed to mate with Whitmyer brackets found in CS-14-REM. Choose only one.

Step 1: Select Support Style then Select Size Along Same Row						Step 2: Select Fabric	
<input type="checkbox"/> Plush Pad ¹	<input type="checkbox"/> 6" Pad - \$246	<input type="checkbox"/> 8" Pad - \$246	<input type="checkbox"/> 10" Pad - \$246	<input type="checkbox"/> 14" Pad - \$266	<input type="checkbox"/> 19" Pad - \$278	<input type="checkbox"/> Lycra	
<input type="checkbox"/> C-Plush	<input type="checkbox"/> Small - \$219	<input type="checkbox"/> Med - \$219	<input type="checkbox"/> Large - \$238			<input type="checkbox"/> Reverse Dartex	
<input type="checkbox"/> Dual Plush	<input type="checkbox"/> 14" Pad - \$634	<input type="checkbox"/> 19" Pad - \$651					
<input type="checkbox"/> Narrow Plush	<input type="checkbox"/> 12" Pad - \$285						
<input type="checkbox"/> Contoured Cradle	<input type="checkbox"/> Infant Pad - \$195	<input type="checkbox"/> Small - \$210	<input type="checkbox"/> Med - \$220	<input type="checkbox"/> Large - \$238			
<input type="checkbox"/> Occipital Pad ²	<input type="checkbox"/> Infant ² - \$99	<input type="checkbox"/> Peds ² - \$168	<input type="checkbox"/> Adult ² - \$168	<input type="checkbox"/> T Bar ⁵ - \$107			
<input type="checkbox"/> Adj-A-Plush	<input type="checkbox"/> Narrow - \$399	<input type="checkbox"/> Standard - \$399					
<input type="checkbox"/> Flat Head Spt Panel ^{3,4}	<input type="checkbox"/> \$195	<input type="checkbox"/> 3.5" w x 4" t	<input type="checkbox"/> 4" w x 4" t	<input type="checkbox"/> 5" w x 5" t	<input type="checkbox"/> 6" w x 6" t	<input type="checkbox"/> 6.5" w x 6" t	<input type="checkbox"/> Wid: _____" Ht: _____"
<input type="checkbox"/> Cust Flat HR Extension ⁴	<input type="checkbox"/> \$238	Specify Width (in.) _____	Specify Height (in.) _____				
<input type="checkbox"/> Cust Curved Head Spt Ext ⁴	<input type="checkbox"/> \$291	Specify Width (in.) _____	Specify Height (in.) _____				

1 - Plush Pad can be used as Occipital Pad allowing Multi-Pad System (CS-14-MULTI)
 2 - Order this pad to create multi-pad system with Suboccipital complete CS-14-MULTI
 3 - Center Portion of 3-panel Head Support complete CS-14-3P below.
 4 - Skip Step 2, fabric for these pads will be matched to backrest colors and fabrics, Cannot add CS-14-AACC or CS-5 - Must order T Bar Pads from CS-14-MULTI Select Short or Lo

CS-14-REM Upgrade to Removable Hardware Retail is derived from the pick(s) below (EACH) HCPCS Code E1028

Step 1: Select Bracket Style				Step 2: Detach Style	
<input type="checkbox"/> Cobra Xtra Early Intervention	\$508	<input type="checkbox"/> AXYS	\$ 440	<input type="checkbox"/> Standard	N/C
<input type="checkbox"/> Cobra Xtra Pediatric	\$508	<input type="checkbox"/> ONYX	\$ 265	<input type="checkbox"/> Swing Away	\$84
<input type="checkbox"/> Cobra Xtra Adult	\$508	<input type="checkbox"/> LINX	\$ 440		
		<input type="checkbox"/> PRO	\$ 501		

CS-14-MULTI Upgrade to Multi-Pad System Retail is derived from the pick(s) below (EACH)

Step 1: Select Pad Style then Select Size Along Same Row						Step 2: Select Fabric	
<input type="checkbox"/> T Bar Pad (Must have Ordered Occipital Pad T-Bar Style in CS-14-HEAD)	<input type="checkbox"/> Short - \$168	<input type="checkbox"/> Long - \$168				<input type="checkbox"/> Lycra	
<input type="checkbox"/> Single Suboccipital	<input type="checkbox"/> Small - \$222	<input type="checkbox"/> Large - \$229				<input type="checkbox"/> Reverse Dartex	
<input type="checkbox"/> Dual Suboccipital	<input type="checkbox"/> Infant	<input type="checkbox"/> Size 3	<input type="checkbox"/> Size 1	<input type="checkbox"/> Size 4	<input type="checkbox"/> Size 2		
Flared Pad Style - \$336			Non Flared Pad Style - \$336				

CS-14-3P 3 Panel Head Support Accessories \$398 EACH

Fabric for these Pads will be matched to Backrest colors and fabrics

Step 1: Select Pad Size (Check Step 2 footnotes before selecting Pad sizes)				Step 2: Select Hardware			
Left	Right	Made To Order: Write-in Pad Size from Product Selection Guide:		<input type="checkbox"/> Sunrise Selects	<input type="checkbox"/> Space Saver Brackets (Qty 2) ⁴		
<input type="checkbox"/> 3.5" W x 4" T	<input type="checkbox"/>	Left	Width (in.): _____ x Tall (in.): _____	<input type="checkbox"/> One Piece Pad Mount Pediatric ¹	<input type="checkbox"/> Spacer Saver Brackets (Qty 4) ⁵		
<input type="checkbox"/> 4" W x 4" T	<input type="checkbox"/>	Right	Width (in.): _____ x Tall (in.): _____	<input type="checkbox"/> One Piece Pad Mount Std ²	<input type="checkbox"/> Taper Joint Brackets (Qty 2)		
<input type="checkbox"/> 5" W x 5" T	<input type="checkbox"/>			<input type="checkbox"/> One Piece Pad Mount Wide ³			
<input type="checkbox"/> 6" W x 6" T	<input type="checkbox"/>						
<input type="checkbox"/> 6.5" W x 6" T	<input type="checkbox"/>						

1 - Center Panel must be no wider than 4"
 2 - Center Panel must be between 4" and 5.5" wide
 3 - Center Panel must be 5.5" to 6.5" wide (max)
 4 - Recommended for Pads up to 6" tall
 5 - Pads must be at least 6" tall

OTHER Each Selection Below Creates 1 Each of Part Number

Write-in Structural Modifications from Product Selection Guide:		Write-in Structural Modifications from Product Selection Guide:	
<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Jay ConfigureFit Diagrams

Marked For: _____

AT/RTS Name: _____

BASE REGION

Zone 1

CS-01-1020
CS-01-1020
Provide Dimensions

1-A _____
1-B _____
1-D _____
1-E _____
1-I _____

CS-01-1040
CS-01-1040
Provide Dimensions

1-A _____
1-B _____
1-D _____
1-E _____
1-F _____
1-I _____

Select Personalized Contour OR Available Standard Contour
CS-01-1040
Provide Dimensions

	Mild Contour	Med Contour	Aggressive Contour	Custom
1-A				
1-B				
1-D	1.5	1.5	1.5	
1-E				
1-F				
1-G	3	3.5	4.5	
1-GG	Dim A+4	Dim A+4	Dim A+4	
1-HL	2.5	2.5	3	
1-HR	2.5	2.5	3	
1-IL	3	3.5	4.5	
1-IR	3	3.5	4.5	

ase complete 1-A, 1-B, 1-E and 1-F for Mild, Medium and Aggressive Contours

BASE REGION

Zone 3

CS-03-1110
CS-03-1110
LEFT
Provide Dimensions

Check Box to Fit to Contour

3-AL _____
3-BL _____
3-LL _____
3-ML _____

CS-03-1110
CS-03-1110
RIGHT
Provide Dimensions

Check Box to Fit to Contour

3-AR _____
3-BR _____
3-LR _____
3-MR _____

CS-03-1100
CS-03-1100
LEFT
Provide Dimensions

3-AL _____
3-BL _____

CS-03-1100
CS-03-1100
RIGHT
Provide Dimensions

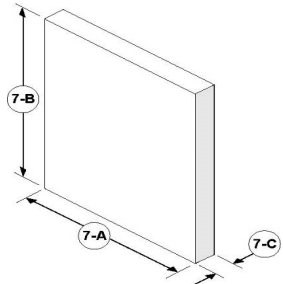
3-AR _____
3-BR _____

TORSO REGION

Zone 7

CS-07-1005

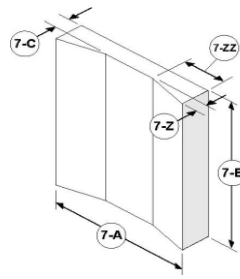
CS-07-1005
Provide Dimensions



7-A _____
7-B _____
7-C _____

CS-07-1020

CS-07-1020
Provide Dimensions

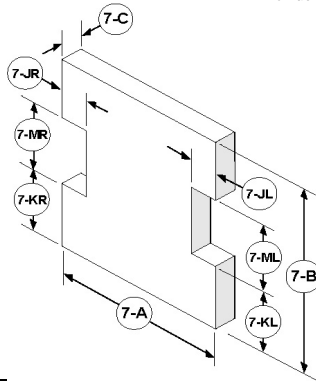


7-A _____
7-B _____
7-C _____
7-Z _____
7-ZZ _____

All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)

CS-07-4400

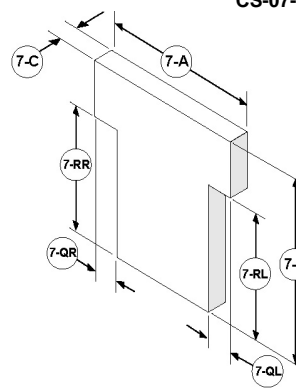
CS-07-4400
Provide Dimensions



7-A _____
7-B _____
7-C _____
7-JL _____
7-JR _____
7-KL _____
7-KR _____
7-ML _____
7-MR _____

CS-07-4410

CS-07-4410
Provide Dimensions



7-A _____
7-B _____
7-C _____
7-QL _____
7-QR _____
7-RL _____
7-RR _____

All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)

Write-in Dimensions

Use Product Selection Guide to find any diagrams not on this form

Transfer both the part number of the item and the dimension indicator and then indicate the dimension desired (All units in inches)

Part Number	Dimension Indicator	Dimension	Part Number	Dimension Indicator	Dimension	Part Number	Dimension Indicator	Dimension
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Special Notes

NOTES: _____



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