

Account # _____	Date: _____	Ship To: _____
PO# _____	Buyer: _____	Address: _____
Marked For: _____		City / State: _____
ATS/RTS Name: _____		Zip Code: _____ Phone Number _____
Chair Order #: _____	<input type="checkbox"/> Assemble to Base	

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.

Start	General Information	<p>STEP 1 Mobility Base Information</p> <p>Mobility Base Manufacturer _____</p> <p>Mobility Base Model _____</p> <p>Width _____</p> <p>Depth _____</p> <p>Back Cane Height _____</p> <p>Armrest Type _____</p> <p>Seat Tubing Diameter _____</p> <p>Upper Back Cane Tubing Dia. _____</p> <p>Lower Back Cane Tubing Dia. _____</p> <p>Joy Stick Location _____</p>	<p>STEP 2 Patient Dimensional Information</p> <p style="text-align: right;">Shoulder Width P-A _____</p> <p style="text-align: right;">Chest Width P-B _____</p> <p style="text-align: right;">Hip Width P-C _____</p> <p style="text-align: right;">Width at Knee P-D _____</p> <p style="text-align: right;">Seat to Top of Head P-E _____</p> <p style="text-align: right;">Seat to Top of Shoulder, Left P-FL _____</p> <p style="text-align: right;">Seat to Top of Shoulder, Right P-FR _____</p> <p style="text-align: right;">Seat to Axilla, Left P-GL _____</p> <p style="text-align: right;">Seat to Axilla, Right P-GR _____</p> <p style="text-align: right;">Seat to PSIS P-H _____</p> <p style="text-align: right;">Chest Depth P-K _____</p> <p style="text-align: right;">Back to Anterior of ITs P-L _____</p> <p style="text-align: right;">Posterior Pelvis to Popliteal, Left P-ML _____</p> <p style="text-align: right;">Posterior Pelvis to Popliteal, Right P-MR _____</p> <p style="text-align: right;">Foot Length, Left P-NL _____</p> <p style="text-align: right;">Foot Length, Right P-NR _____</p> <p style="text-align: right;">Seat to Footplate, Left P-OL _____</p> <p style="text-align: right;">Seat to Footplate, Right P-OR _____</p>
		<p>STEP 3 Seating System Dimensional Specifications</p> <p><input type="checkbox"/> Sunrise Completes*</p> <p>Seat Width 1-A _____</p> <p>Back Width 7-A _____</p> <p>Distance Between Lat Thor 8-F _____</p> <p>Dist Between Pel Laterals 3-F _____</p> <p>Usable Seat Depth 1-XX _____</p> <p>Total Seat Depth 1-B _____</p> <p>Back Height 7-B _____</p> <p>Seat to top Lat Thor, Left 8-GL _____</p> <p>Seat to top Lat Thor, Right 8-GR _____</p> <p>Dist Between Lats at Knee 4-F _____</p> <p><i>*Requires all patient measurements</i></p>	<p>STEP 4 Seating System Fabric/ Embroidery Specifications</p> <p>Seat Fabric: Contact _____</p> <p>Seat Fabric: Non-Contact _____</p> <p>Back Fabric: Contact _____</p> <p>Back Fabric: Non-Contact _____</p> <p>Ancillary/Secondary: Contact _____</p> <p>Ancillary/Secondary: Non-Contact _____</p> <p>Style Sheet Selection</p> <p><input type="checkbox"/> Style A <input type="checkbox"/> Style R</p> <p style="font-size: x-small;">(Style A is default)</p>

Embroidery Information (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			
<input type="checkbox"/> CS-01-1000 Flat Seat \$ 296	<input type="checkbox"/> CS-01-1010 Wedge Seat \$712	<input type="checkbox"/> CS-01-1020 Anti-Thrust Seat \$537	<input type="checkbox"/> CS-01-1040 Contoured Seat \$999
		<input type="checkbox"/> CS-01-1030 Quick Fit Adj Anti-Thrust St. \$1,082	<input type="checkbox"/> CS-01-1050 Quick Fit Adj Contoured Seat \$1,250
Step 2: Select Base			
<input type="checkbox"/> CS-01-3000 Standard Base (1/2" Thick) ¹ N/C	<input type="checkbox"/> CS-01-3050 Made To Order Base ^{4,6} \$394	1 - Must select for Transit - Weight Limit 250lbs -Transit 200lbs	
<input type="checkbox"/> CS-01-3010 Omit Base ² N/C	<input type="checkbox"/> CS-01-3020 Heavy Duty Base ⁵ (3/4" thick) \$121	2 - Must have surface to mount on Mobility Base	
<input type="checkbox"/> CS-01-3040 ABS Base (no T-Nuts) ³ \$62	<input type="checkbox"/> CS-01-3030 PlastiTech Base ³ (1/2" Thick) \$62	3 - Light Duty Use Only - no Transit	
<input type="checkbox"/> CS-01-3045 Phenolic Base \$229		4 - No Transit	
		5 - No Transit - Weight Limit 300lbs	
		6 - Use note section at the end of the diagram page to specify	

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 \$ _____)
- CS-01-2_____ Non-Standard Foam (use grid)  CS-01-2010 1" Med/Soft Sunmate over 1/2" HR 70 \$152

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	1.5" = QTY 3	
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	2" = QTY 4	
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	etc...	
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 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)

- | | |
|--|---|
| <p>Additional Shape/Cover Modifications</p> <ul style="list-style-type: none"> <input type="checkbox"/> CS-01-4610 Attaching Strips, Hook on Bottom \$75 <input type="checkbox"/> CS-01-4640 Attaching Strips Loop, on Bottom \$75 <input type="checkbox"/> CS-01-4790 Incontinent Film Covering \$152 <input type="checkbox"/> CS-01-4040 Undercut Front Seat Edge \$227 | <p>Additional Structural Modifications</p> <ul style="list-style-type: none"> <input type="checkbox"/> CS-01-4450 I-Seat \$212 <input type="checkbox"/> CS-01-4400 Standard 2" x 3" Back post Notch N/C <input type="checkbox"/> CS-01-4460 Mid-Seat Cutout for X-Brace \$212 <input type="checkbox"/> CS-01-4650 Seat Rail Foam Overlay \$212 |
|--|---|

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

	\$
	\$

Write-in Structural Modifications from Product Selection Guide:

	\$
	\$

Step 5: Select Adjustment Rails (Tracks)

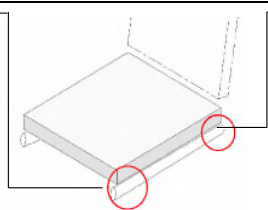
- PART A**
- No Adjustment Rails (Tracks) Required \$0
 - Adj. Rails (Tracks) for Mounting Hip Supports \$282
 - Adj. Rails (Tracks) Running Depth of Seat¹ \$282
- Dbl slot adj. rails provided - skip Parts B and C*

- PART B**
- Single Slot Adjustment Rails
 - Double Slot Adjustment Rails

- PART C**
- Sunrise Selects Length
 - Write Length Part No. Below

Step 6: Select Attaching Hardware

- Front Seat Hardware (Sunrise selects part number)**
- Universal Hardware Transit¹ \$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 Transit² \$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 Tabs³ \$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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OTHER Items selected WILL NOT Be rolled into Back Price Retail Price: Each selection below creates 1 Ea. Part # w/ price

Write-in From Product Selection Guide	\$	Write-in From Product Selection Guide	\$	Write-in From Product Selection Guide	\$
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CS-02-PELVICSPU Single Pull Anterior Pelvic Support Unpadded \$69 EACH HCPCS Code E0978

- Select Buckle Style**
- Push Button Release
 - Plastic Side Release
- Select Buckle Size**
- 1" 1.5" 2"
 - 1" 1.5" 2"

CS-02-PELVICSPPP 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.

BASE REGION

Zone 2 Required

<input type="checkbox"/> CS-02-PELVICDPP	Dual Pull Anterior Pelvic Support Padded	\$103 EACH	HCPCS Code E0978
Select Buckle Style <input type="checkbox"/> Push Button Release <input type="checkbox"/> Plastic Side Release		Select Buckle Size <input type="checkbox"/> 1" <input type="checkbox"/> 1.5"	Select Pad Size Corresponding to Buckle Size <input type="checkbox"/> 4.5" Long <input type="checkbox"/> 5.5" Long <input type="checkbox"/> 7.5" Long <input type="checkbox"/> 9.5" Long
<i>1 - Size available in push button only.</i>			
<input type="checkbox"/> CS-02-PELVIC4PP	4 Point Anterior Pelvic Support Padded	\$169 EACH	HCPCS Code E0978
Select Buckle Style <input type="checkbox"/> Push Button Release <input type="checkbox"/> Plastic Side Release		Select Buckle Size <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"/> OTHER			
Write-in From Product Selection Guide		Write-in From Product Selection Guide	Write-in From Product Selection Guide
\$		\$	\$

BASE REGION

Zone 3 Required

<input type="checkbox"/> 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	
		<input type="checkbox"/> Check Box if Mounting to Back	
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"/> 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"/> 3"H x 4"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/> Fixed Bracket
<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"/> 4"H x 6"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/> Fixed 15 Degree Bracket
<input type="checkbox"/>	<input type="checkbox"/> 5"H x 6"L Pelvic Pad	<input type="checkbox"/>	<input type="checkbox"/> Adjustable Profile Bracket ⁵
		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 with adj 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"/> Extra High
¹ Complete CS-03-1100 on diagram page 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 Lateral Pelvic Support Bracket Modifications section			
² If ordering contoured seat, contoured pads should be ordered - complete CS-03-1110 on diagram page ⁴ Skip Steps 3 and 4 and complete CS-03-MODU			
<input type="checkbox"/> 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	
		<input type="checkbox"/> Check Box if Mounting to Back	
Left	Right	Left	Right
<input type="checkbox"/>	<input type="checkbox"/> Standard Removable	\$394	<input type="checkbox"/> Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/> 20° Adjustable Removable	\$394	<input type="checkbox"/> Flush
<input type="checkbox"/>	<input type="checkbox"/> Large Target Button Rem ¹	\$416	<input type="checkbox"/> 1" Offset
<input type="checkbox"/>	<input type="checkbox"/> Rail Mount (Track) Removable ²	\$447	<input type="checkbox"/> 2" Offset
		<input type="checkbox"/>	<input type="checkbox"/> 1" Reverse Offset
		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"/> Extra High
1 - Flush and 1" offset only, Standard and Medium Profile only 2 - Used for mounting to Mobility Base Tracking Systems			
<input type="checkbox"/> 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	
		<input type="checkbox"/> Check Box if Mounting to Back	
Left	Right	Left	Right
<input type="checkbox"/>	<input type="checkbox"/> Modular Fixed Bracket	\$282	<input type="checkbox"/> Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/> 20 Deg Adj Modular Fixed Brakt	\$282	<input type="checkbox"/> Flush
		<input type="checkbox"/>	<input type="checkbox"/> 1" Offset
		<input type="checkbox"/>	<input type="checkbox"/> 2" Offset
		<input type="checkbox"/>	<input type="checkbox"/> 1" Reverse Of
		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"/> 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
		Write-in From Product Selection Guide	
\$		<input type="checkbox"/>	<input type="checkbox"/> CS-03-3025 1/4" Bracket Spacer \$31
\$		<input type="checkbox"/>	<input type="checkbox"/> CS-03-3050 1/2" Bracket Spacer \$31
\$		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	
Left	Right	Left	Right
\$	\$	\$	\$
\$	\$	\$	\$



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
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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	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

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
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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"/> 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"/> Standard	<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"/> Medium		
<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"/> 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 - NO Distal Offset adapter available -Skip step 4

CS-04-MODU	Upgrade Lat Adductor Supports to Removable	Retail is derived from the pick(s) below (Ea Left and Ea Right)	HCPCS Code K0108
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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"/> 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"/> Standard	<input type="checkbox"/>	<input type="checkbox"/> 3" Distal \$54
		<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 Offset	<input type="checkbox"/>	<input type="checkbox"/> Extra High		

CS-04-ADD_FM	Frame Mount Lateral Adductor Supports with Fixed Hrdw	Retail is derived from the pick(s) below (Ea Left and Ea Right)	HCPCS Code E0956
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Step 1: Select Pad		Step 2: Select Style Bracket	
Left	Right	Left	Right
<input type="checkbox"/>	<input type="checkbox"/> 3" Round Adductor Pad	<input type="checkbox"/>	<input type="checkbox"/> Fixed Bracket
<input type="checkbox"/>	<input type="checkbox"/> 4" Round Adductor Pad	<input type="checkbox"/>	<input type="checkbox"/> Upgrade to S/A Brkt (Complete to CS-04-ADD_SA)
<input type="checkbox"/>	<input type="checkbox"/> Made To Order		
	Left Size _____"H x _____"L		
	Right Size _____"H x _____"L		

CS-04-ADD_SA	Upgrade Frame Mount Adductor Supports to Swing	Retail is derived from the pick(s) below (Ea Left and Ea Right)	HCPCS Code E1028
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Step 1: Select Profile	
Left	Right
<input type="checkbox"/>	<input type="checkbox"/> Sunrise Selects \$501
<input type="checkbox"/>	<input type="checkbox"/> Long Arm \$501
<input type="checkbox"/>	<input type="checkbox"/> Short Arm \$501
<input type="checkbox"/>	<input type="checkbox"/> Made To Order Arm Length \$646 Made To Order A Length (in.) _____

Lateral Adductor Support Bracket Modifications	Each Selection = 1 Each part number w/ price (ea Left and Ea Right)
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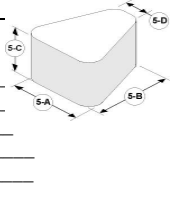
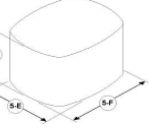
Left	Right	Left	Right
<input type="checkbox"/>	<input type="checkbox"/> CS-04-3055 Adjustable Profile Upgrade \$54	<input type="checkbox"/>	<input type="checkbox"/> CS-04-3025 1/4" Bracket Spacer \$31
	Write-in From Product Selection Guide	<input type="checkbox"/>	<input type="checkbox"/> CS-04-3050 1/2" Bracket Spacer \$31
	<input type="text" value=""/>		Write-in From Product Selection Guide
	<input type="text" value="\$"/>		<input type="text" value="\$"/>

Lateral Adductor Support Pad Modifications	Each Selection = 1 Each part number w/ price (ea Left and Ea Right)
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Write-in From Product Selection Guide		Write-in From Product Selection Guide	
Left	Right	Left	Right
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>

BASE REGION

Zone 5 Required

CS-05-ABD	Medial Thigh Support with Fixed Bracket	Retail is derived from the pick(s) below (Ea Left and Ea Right)	HCPCS Code E0957																																																	
Step 1: Select Pad Style		Step 2: Select Pad Size																																																		
<input type="checkbox"/> Oval <input type="checkbox"/> Wedge	<input type="checkbox"/> X-Small (Oval only) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Made To Order	 <table border="1" style="margin-top: 10px;"> <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">Specify</td></tr> </table> <p style="font-size: small;">All units in inches</p>	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="margin-top: 10px;"> <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">Specify</td></tr> </table> <p style="font-size: small;">All units in inches</p>	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		
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																																																			
		Step 3: Select Bracket																																																		
		<input type="checkbox"/> Fixed <input type="checkbox"/> Upgrade to Flip Down or Removable (Complete CS-05-ABD_REM)																																																		

BASE REGION

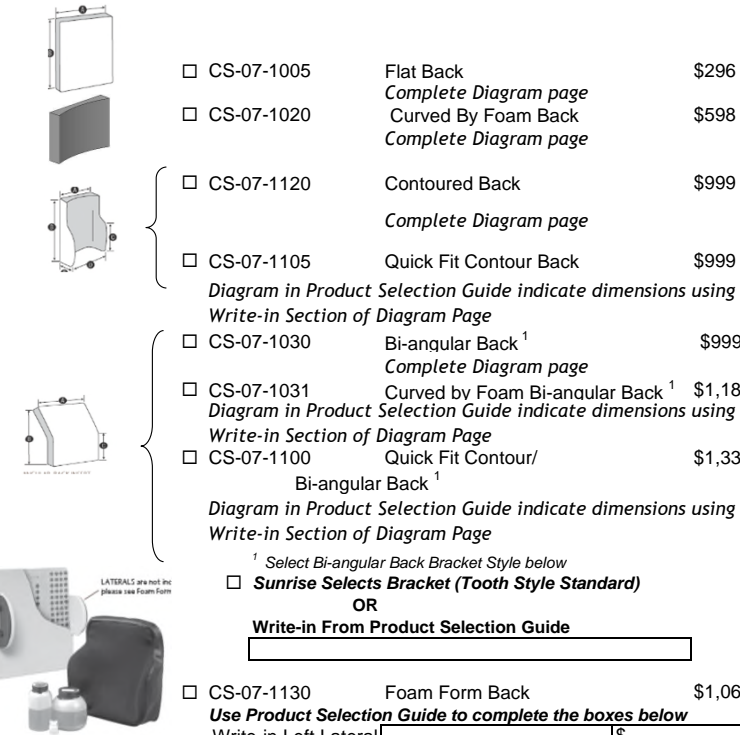
Zone 5 Required

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			
<input type="checkbox"/> Push Button Flip Down Upgrade \$484 <input type="checkbox"/> Push Button Removable Slide-out Upgrade \$546 <input type="checkbox"/> Narrow Profile Push Button Flip Down Upgrade \$484 <input type="checkbox"/> Narrow Profile Push Button Removable Slide-out Upgrade \$546	<input type="checkbox"/> Pull Away Upgrade \$546 <input type="checkbox"/> Hide Away Upgrade (L-Mount) \$750 <input type="checkbox"/> Hide Away Upgrade (T-Mount) \$750 <input type="checkbox"/> Adjustable Hide Away Upgrade \$796 <input type="checkbox"/> Swing Away Upgrade \$501		
Medial Thigh Support Bracket Modifications			
Write-in From Product Selection Guide <input style="width: 100%;" type="text"/> \$		Write-in From Product Selection Guide <input style="width: 100%;" type="text"/> \$	
Medial Thigh Support Pad Modifications			
<input type="checkbox"/> CS-05-3140 1/2" Pudgee Foam in Medial Support \$107 <input type="checkbox"/> CS-05-3220 7/8" Akton Polymer in Medial Support \$152		Write-in From Product Selection Guide <input style="width: 100%;" type="text"/> \$	

LOW EXTREMITY REGION

Zone 6

Lower Extremity Supports	Each Selection Below Creates 1 of Each Part Number	See Product Selection Guide for Sizes																
See Product Selection Guide for Sizes																		
<p>SHOE HOLDER</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> CS-06-1010L ABS Shoe Holder Left E0951/E0952 \$183</td> <td><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</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1010R ABS Shoe Holder Right E0951/E0952 \$183</td> <td><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</td> </tr> </table> <p>TENDON RELIEF SHOE HOLDER</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> CS-06-1030L Tendon Relief Shoe Hldr Left E0951/E0952 \$399</td> <td><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</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1030R Tendon Relief Shoe Hldr Right E0951/E0952 \$399</td> <td><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</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" style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> CS-06-1050L Foot and Ankle Positioning Left K0108 \$183</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> X-LG</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1050R Foot and Ankle Positioning Right K0108 \$183</td> <td><input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> X-LG</td> </tr> </table> <p>ANKLE POSITIONER</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> CS-06-1070L Ankle Positioner Left K0108 \$188</td> <td><input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XLG</td> </tr> <tr> <td><input type="checkbox"/> CS-06-1070R Ankle Positioner Right K0108 \$188</td> <td><input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XLG</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"/> XLG	<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"/> XLG	Write-in From Product Selection Guide <input style="width: 100%;" type="text"/> \$
<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																	
<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																	
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<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"/> XLG																	
<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"/> XLG																	

	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.		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 - FLAT BASE		<div style="font-size: 2em; font-weight: bold; color: #f4a460;">OR</div>								
	<ul style="list-style-type: none"> <input type="checkbox"/> CS-07-1005 Flat Back Complete Diagram page \$296 <input type="checkbox"/> CS-07-1020 Curved By Foam Back Complete Diagram page \$598 <input type="checkbox"/> CS-07-1120 Contoured Back Complete Diagram page \$999 <input type="checkbox"/> CS-07-1105 Quick Fit Contour Back \$999 <i>Diagram in Product Selection Guide indicate dimensions using Write-in Section of Diagram Page</i> <input type="checkbox"/> CS-07-1030 Bi-angular Back¹ Complete Diagram page \$999 <input type="checkbox"/> CS-07-1031 Curved by Foam Bi-angular Back¹ \$1,188 <i>Diagram in Product Selection Guide indicate dimensions using Write-in Section of Diagram Page</i> <input type="checkbox"/> CS-07-1100 Quick Fit Contour/ Bi-angular Back¹ \$1,333 <i>Diagram in Product Selection Guide indicate dimensions using Write-in Section of Diagram Page</i> ¹ Select Bi-angular Back Bracket Style below <input type="checkbox"/> Sunrise Selects Bracket (Tooth Style Standard) OR Write-in From Product Selection Guide <input type="checkbox"/> CS-07-1130 Foam Form Back \$1,068 Use Product Selection Guide to complete the boxes below <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Write-in Left Lateral</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Write-in Right Lateral</td> <td>\$</td> </tr> <tr> <td>Write-in FIP Kit</td> <td>\$</td> </tr> </table>	Write-in Left Lateral	\$	Write-in Right Lateral	\$	Write-in FIP Kit	\$	<ul style="list-style-type: none"> <input type="checkbox"/> CS-07-1010 Curved Back Complete Diagram page \$515 <input type="checkbox"/> CS-07-7120 Contoured Back Complete Diagram page \$1,212 <input type="checkbox"/> CS-07-7105 Quick Fit Contour Back <i>Diagram in Product Selection Guide indicate dimensions using Write-in Section of Diagram Page</i> \$1,045 <input type="checkbox"/> CS-07-7130 Bi-angular Back² Complete Diagram page \$1,250 <input type="checkbox"/> CS-07-7100 Quick Fit Contour/Bi-angular Back² <i>Diagram in Product Selection Guide indicate dimensions using Write-in Section of Diagram Page</i> \$1,629 ² Select Bi-angular Back Bracket Style below <input type="checkbox"/> Sunrise Selects Bracket (Tooth Style Standard) OR Write-in From Product Selection Guide 		
Write-in Left Lateral	\$									
Write-in Right Lateral	\$									
Write-in FIP Kit	\$									
Step 2: Choose Structural Base Option from the same column as above		<div style="font-size: 2em; font-weight: bold; color: #f4a460;">OR</div>								
Select Flat Base <ul style="list-style-type: none"> <input type="checkbox"/> CS-07-3000 Standard Base³ (1/2" Thick) N/C <input type="checkbox"/> CS-07-3010 Omit Base⁴ N/C <input type="checkbox"/> CS-07-3040 ABS Base (no T-Nuts)⁵ \$62 <input type="checkbox"/> CS-07-3050 Made To Order Base⁶ \$394 <input type="checkbox"/> CS-07-3020 Heavy Duty Base⁷ (3/4" Thick) \$114 <input type="checkbox"/> CS-07-3030 PlastiTech Base⁵ (1/2" Thick) \$62 		Select Curved Base <ul style="list-style-type: none"> <input type="checkbox"/> CS-07-3060 Curved Back Base⁹ N/C <input type="checkbox"/> CS-07-3070 Curved PlastiTech Back Base¹⁰ \$114 								
³ Must select for Transit - Weight Limit 200lbs Transit/250lbs non-Transit ⁴ Must have surface to mount on Mobility Base ⁵ Light Duty Use Only - no Transit ⁶ No Transit - specify using notes on diagram page ⁷ No Transit - Weight Limit 300lbs		⁹ Can use with Transit - Weight Limit 200lbs Transit/250lbs non-Transit ¹⁰ No Transit - Weight Limit 150lbs								

TORSO REGION
 Zone 7 Required

Step 3: Select Foam

- CS-07-2020 Omit Foam N/C CS-07-2030 1" Med/Soft Sunmate \$152
- CS-07-2025 Standard Foam (1" HR 70) \$0 Made To Order Foam (Complete & attach personalized foam diagram page from Zone 7 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)

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			Additional Structural Modifications			Write-in Shape/Cover Modifications from Product Selection Guide:	
<input type="checkbox"/> CS-07-4040	Waterfall Back Modification	\$106	<input type="checkbox"/> CS-07-4400	I-Style Back	\$212		\$
<input type="checkbox"/> CS-07-4000	Scapular Contour Cutout Back	\$250	<input type="checkbox"/> CS-07-4410	T-Style Back	\$212		\$
<input type="checkbox"/> CS-07-4030	Back Channel Cutout	\$212	<input type="checkbox"/> CS-07-4640	Two Piece Made To Order & Base Back	\$282		\$
						Write-in Structural Modifications from Product Selection Guide:	
							\$
							\$

Step 5: Select Lumbar Support

PART A	Description	Price
<input type="checkbox"/>	No Lumbar Support	\$0
<input type="checkbox"/>	CS-07-6040 Internal Lumbar Roll ¹	\$273
<input type="checkbox"/>	CS-07-4920 External (Upholstered) Lumbar ¹	\$273
<input type="checkbox"/>	Adjustable Lumbar ² (Skip Part B)	\$547

PART B	Foam Type	Foam Density			
<input type="checkbox"/>	Sunmate	<input type="checkbox"/> Soft	<input type="checkbox"/> Med/Soft	<input type="checkbox"/> Med	
<input type="checkbox"/>	Visco	<input type="checkbox"/> X-Soft	<input type="checkbox"/> Soft	<input type="checkbox"/> Med	

- 1 - Complete Diagram Page
- 2 - Cannot be used with Bi-Angular Back - Complete Diagram in Zone 7 of Diagram Page (CS-07-6000, CS-07-6010, CS-07-6020)

Step 6: Select Adjustment Rails (Tracks)

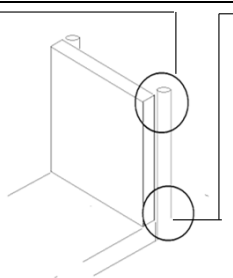
PART A	Description	Price
<input type="checkbox"/>	No Adjustment Rails (Tracks) Required	\$0
<input type="checkbox"/>	Adj. Rails (Tracks) for Mounting Lat Supports	\$282
<input type="checkbox"/>	Adj. Rails (Tracks) Running Depth of Back	\$282
<i>Dbl slot adj. rails provided - skip Parts B and C</i>		

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

PART C	Description
<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	\$282
<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

Write-in from Product Selection Guide

TORSO REGION
Zone 7 Required

	TORSO REGION	Zone 8 <input type="checkbox"/> Required	Lateral Thoracic Support Bracket Modifications		Each Selection Below Creates 1 of Each Part Number		Write-in from Product Selection Guide:								
			Left	Right											
			<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 of Each Part Number		Write-in from Product Selection Guide:								
			Left	Right											
			<input type="checkbox"/>	<input type="checkbox"/>	CS-08-1430 1/2" Pudgee in Thoracic Support	\$84		Left		\$					
							Right		\$						
							Left		\$						
							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"/>	<input type="checkbox"/>	Classic	<input type="checkbox"/>	<input type="checkbox"/>	Structured	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (Not avail. In Structured)	<input type="checkbox"/>	Medium		
			<input type="checkbox"/>	<input type="checkbox"/>	Contour	<input type="checkbox"/>	<input type="checkbox"/>	Dynamic	<input type="checkbox"/>	<input type="checkbox"/>	Extra Small	<input type="checkbox"/>	Large		
									<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Center Opening	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	Medium				
			<input type="checkbox"/>	<input type="checkbox"/>	Zipper Open	<input type="checkbox"/>	<input type="checkbox"/>	Extra Small (Not avail. Zipper Open)	<input type="checkbox"/>	<input type="checkbox"/>	Large				
						<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	Extra Large				
			CS-09-ATSBF Butterfly Style Anterior Thoracic Support		\$299 EACH		HCPCS Code E0960								
Y Style Straps, Back Pack Shoulder Straps and Chest Straps are located in Zone 11															
			Step 1: Select Function			Step 2: Select Type			Step 3: Select Size						
			<input type="checkbox"/>	<input type="checkbox"/>	Stretch Style	<input type="checkbox"/>	<input type="checkbox"/>	Butterfly Vest Velcro	<input type="checkbox"/>	<input type="checkbox"/>	Small				
			<input type="checkbox"/>	<input type="checkbox"/>	Non-Stretch Style	<input type="checkbox"/>	<input type="checkbox"/>	Butterfly Vest Side Release all 4 corners	<input type="checkbox"/>	<input type="checkbox"/>	Medium				
						<input type="checkbox"/>	<input type="checkbox"/>	Butterfly Vest Side Release Pull Down	<input type="checkbox"/>	<input type="checkbox"/>	Large				
						<input type="checkbox"/>	<input type="checkbox"/>	Butterfly Vest Side Release Pull Up	<input type="checkbox"/>	<input type="checkbox"/>	Extra Large				
			CS-09-ATSTS Anterior Trunk Strap 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"/>	<input type="checkbox"/>	Anterior Trunk Strap	<input type="checkbox"/>	<input type="checkbox"/>	Extra Small	<input type="checkbox"/>	<input type="checkbox"/>	Large				
			<input type="checkbox"/>	<input type="checkbox"/>	Anterior Trunk Strap Between Lateral Pads	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	Extra Large				
						<input type="checkbox"/>	<input type="checkbox"/>	Medium							
			OTHER		Each Selection Below Creates 1 of Each Part Number		Write-in Structural Modifications from Product Selection Guide:								
			<input type="checkbox"/>		CS-09-1385 Strap Guides	\$107				\$					
										\$					
			CS-10-PRO Protractor Supports		Retail is derived from the pick(s) below (Ea Left and Ea Right)		Step 2: Select Bracket								
			Left	Right					Left	Right					
			<input type="checkbox"/>	<input type="checkbox"/>	3"W x 3"T Protractor Pad	\$198	<input type="checkbox"/>	<input type="checkbox"/>	Made To Order	\$223	<input type="checkbox"/>	<input type="checkbox"/>	Angle Adjustable Bracket	\$205	
			<input type="checkbox"/>	<input type="checkbox"/>	3"W x 4"T Protractor Pad	\$198			Left Size _____"W x _____"T		<input type="checkbox"/>	<input type="checkbox"/>	Fixed Angle Bracket	\$75	
			<input type="checkbox"/>	<input type="checkbox"/>	4"W x 5"T Protractor Pad	\$198			Right Size _____"W x _____"T						
			<input type="checkbox"/>	<input type="checkbox"/>	4"W x 6"T Protractor Pad	\$198									

TORSO REGION

Zone 11 Required

CS-11-RET	Retractor Supports	Retail is derived from the pick(s) below (Each)
Step 1: Select Style		Step 2: Select Size
<input type="checkbox"/> Padded Shoulder Straps w/ Cam Buckle \$166 <input type="checkbox"/> Padded Shoulder Straps w/ Side Rls \$166 <input type="checkbox"/> Sheepskin Shoulder Straps w/ Cam Buckle \$198 <input type="checkbox"/> Sheepskin Shoulder Straps w/ Side Rls \$198	<input type="checkbox"/> 9" Pad <input type="checkbox"/> 12" Pad	Step 1: Select Style and Size (from the same row) <input type="checkbox"/> Structured Back Pack Style Shld Straps \$206 <input type="checkbox"/> 12" <input type="checkbox"/> 18" <input type="checkbox"/> Dynamic Back Pack Style Shld Straps \$206 <input type="checkbox"/> 12" <input type="checkbox"/> 18" <input type="checkbox"/> Y-Style Structured Straps \$206 <input type="checkbox"/> EI <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> Y-Style Dynamic Straps \$206 <input type="checkbox"/> EI <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Lg

UPPER EXTREMITY REGION

Zone 12 Required

CS-12-UES	Arm Troughs with Hardware	\$202 EACH	HCPCS Code E2209												
For Made To Order size, make selection from Product Selection Guide and Write-into the "Other" category below															
Left <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<table border="1" style="font-size: 8px;"> <thead> <tr style="background-color: #f4a460;"> <th></th> <th>12-C</th> <th>12-D</th> </tr> </thead> <tbody> <tr> <td>S</td> <td>4</td> <td>13.25</td> </tr> <tr> <td>M</td> <td>4.5</td> <td>16.25</td> </tr> <tr> <td>L</td> <td>5</td> <td>19.25</td> </tr> </tbody> </table> All units in inches		12-C	12-D	S	4	13.25	M	4.5	16.25	L	5	19.25		
	12-C	12-D													
S	4	13.25													
M	4.5	16.25													
L	5	19.25													
OTHER		Each Selection Below Creates 1 of Each Part Number													
Write-in Structural Modifications from Product Selection Guide: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td></tr> </table>			\$		\$	Write-in Structural Modifications from Product Selection Guide: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td></tr> </table>			\$		\$				
	\$														
	\$														
	\$														
	\$														

UPPER EXTREMITY REGION

Zone 13 Required

CS-13-TRAY	Upper Extremity Support Wheelchair Tray	Retail is derived from the pick below	HCPCS Code E0950																														
Step 1: Select Tray Style		Step 2: Select Size																															
Basic velcro straps included with every tray - Omit Straps if ordering hardware upgrade below <input type="checkbox"/> Wood Tray \$416 <input type="checkbox"/> Wood Tray with Edge Border \$447 <input type="checkbox"/> Polycarbonate Tray \$416 <input type="checkbox"/> Polycarbonate Tray with Edge Border \$447 <input type="checkbox"/> 1/4" Polycarbonate Tray \$416 <input type="checkbox"/> 1/4" Polycarbonate Tray w/Edge Border \$447 <input type="checkbox"/> Omit Strap N/C		<input type="checkbox"/> X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large																															
		<input type="checkbox"/> Made To Order Size Add \$113 13-A _____ 13-B _____ 13-C _____ 13-D _____																															
		<table border="1" style="font-size: 8px;"> <thead> <tr style="background-color: #f4a460;"> <th></th> <th>13-A</th> <th>13-B</th> <th>13-C</th> <th>13-D</th> </tr> </thead> <tbody> <tr> <td>XS</td> <td>21</td> <td>18</td> <td>10</td> <td>7</td> </tr> <tr> <td>S</td> <td>21</td> <td>20</td> <td>12</td> <td>7</td> </tr> <tr> <td>M</td> <td>24</td> <td>22</td> <td>14</td> <td>9</td> </tr> <tr> <td>L</td> <td>26</td> <td>24</td> <td>16</td> <td>10</td> </tr> <tr> <td>XL</td> <td>28</td> <td>26</td> <td>18</td> <td>10</td> </tr> </tbody> </table> All units in inches			13-A	13-B	13-C	13-D	XS	21	18	10	7	S	21	20	12	7	M	24	22	14	9	L	26	24	16	10	XL	28	26	18	10
	13-A	13-B	13-C	13-D																													
XS	21	18	10	7																													
S	21	20	12	7																													
M	24	22	14	9																													
L	26	24	16	10																													
XL	28	26	18	10																													
CS-13-TRAY_MNT		Retail is derived from the pick below																															
<input type="checkbox"/> Toggle Hardware (Tray slotted when using this hdwr) \$166 <input type="checkbox"/> Slide Tube \$560 <input type="checkbox"/> Wood Runners (Includes Buckle Style Tray Strap) \$130 <input type="checkbox"/> S-Style Runners (Includes Buckle Style Tray Strap) \$130 <input type="checkbox"/> Slotted Channels Runners (Includes Buckle Style Tray Strap) \$152 <input type="checkbox"/> Adjustable Lever \$394		<input type="checkbox"/> Top Drop Hardware \$296 <input type="checkbox"/> Angle-Cam Hardware (Tray slotted when using this hdwr) \$144 <input type="checkbox"/> Tube Arm Hardware \$152 <input type="checkbox"/> Cam and Tube Hrdw \$475 <input type="checkbox"/> Tray Strap with Side Release Buckle \$61																															
OTHER		Each Selection Below Creates 1 of Each Part Number																															
Write-in Structural Modifications from Product Selection Guide: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td></tr> </table>			\$		\$	Write-in Structural Modifications from Product Selection Guide: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">\$</td></tr> <tr><td></td><td style="text-align: center;">\$</td></tr> </table>			\$		\$																						
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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

Select CS-14-HEAD (Whitmyer Mount) OR CS-14-HEAD-OS (Legacy Mount). 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"/> Reverse Dartex
<input type="checkbox"/> C-Plush	<input type="checkbox"/> Small - \$219	<input type="checkbox"/> Med - \$219	<input type="checkbox"/> Large - \$238				
<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"/> Omit (Upgrade) Brkt to Adj and Removable (go to section CS-14-REM)
<input type="checkbox"/> Cust Flat HR Extension ⁴	<input type="checkbox"/> \$238	Specify Width (in.)	Specify Height (in.)				<input type="checkbox"/> Standard Non Adjustable, Non-Rem Bracket
<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-14-LACC.
 5 - Must order T Bar Pads from CS-14-MULTI Select Short or Long

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"/> Reverse Dartex
<input type="checkbox"/> Single Suboccipital	<input type="checkbox"/> Small - \$222	<input type="checkbox"/> Large - \$229					
<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-AACC Anterior Head Support Accessories Retail is derived from the pick(s) below (EACH)

Select Style then Select Size Along Same Row					
<input type="checkbox"/> DFS Squared	\$501	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult		
<input type="checkbox"/> Dynamic Forehead Strap	\$310	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult		
<input type="checkbox"/> Strap Cap	\$628	<input type="checkbox"/> Pediatric (red)	<input type="checkbox"/> Pediatric (blue)	<input type="checkbox"/> Adult	
<input type="checkbox"/> Hedz-Up	\$476	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult		

CS-14-LACC Lateral Head Support Accessories Retail is derived from the pick(s) below (Ea Left and Ea Right)

Step 1: Select Pad Style then Select Size Along Same Row						Step 2: Select Fabric				
<input type="checkbox"/> Lateral Facial Left	\$349	<input type="checkbox"/> Spot	<input type="checkbox"/> Standard	<input type="checkbox"/> Long	<input type="checkbox"/> Oval	<input type="checkbox"/> Large-C	<input type="checkbox"/> Medium-C	<input type="checkbox"/> Small-C	<input type="checkbox"/> Switch	<input type="checkbox"/> Lycra
<input type="checkbox"/> Lateral Facial Right	\$349	<input type="checkbox"/> Spot	<input type="checkbox"/> Standard	<input type="checkbox"/> Long	<input type="checkbox"/> Oval	<input type="checkbox"/> Large-C	<input type="checkbox"/> Medium-C	<input type="checkbox"/> Small-C	<input type="checkbox"/> Switch	<input type="checkbox"/> Reverse Dartex
<input type="checkbox"/> Bilateral Facial	\$645	<input type="checkbox"/> Spot	<input type="checkbox"/> Standard	<input type="checkbox"/> Long	<input type="checkbox"/> Oval	<input type="checkbox"/> Large-C	<input type="checkbox"/> Medium-C	<input type="checkbox"/> Small-C	<input type="checkbox"/> Switch	

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	<input type="checkbox"/> 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

HEAD SUPPORT REGION

Zone 14 Required

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

Select either CS-14-HEAD (Whitmyer Mount) OR CS-14-HEAD-OS (Legacy Mount). Pads in this section are designed to mate with brackets in CS-14-REM-OS. Fabric for these pads will be matched to backrest colors and fabrics

Step 1: Select Support Style then Select Size Along Same Row

- Flat Headrest Extension \$260 Specify Width (in.) _____ Specify Height (in.) _____
- Curved Headrest Extension \$297 Specify Width (in.) _____ Specify Height (in.) _____
- Flat Head Support Panel (Center Portion of 3-panel Head Support complete CS-14-3P-OS below) \$305 3.5" w x 4" t 4" w x 4" t 5" w x 5" t 6" w x 6" t 6.5" w x 6" t Wid: _____" Ht: _____"

Step 2: Select Bracket

- Omit (Upgrade) Brkt to Adj and Removable (go to section CS-14-REM-OS)
- Standard Non Adjustable, Non-Rem Bracket

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

Step 1: Select Bracket Style

- Lift Away Pediatric (Skip Steps 2,3,4) \$166
- Lift Away Adult (Skip Steps 2,3,4) \$166
- Adjustable Posterior Head Support (Complete Step 3 Only) \$180
- U-Bracket Depth Adjustable (Complete Steps 2,3,4) \$364
- Hinged U-Bracket Depth Adj (Only complete Steps 3 & 4) \$462
- L-Bracket Depth Adjustable (Complete Step 3 Only) \$364
- Hinged L-Bracket Depth Adj (Only complete Steps 3 & 4) \$462
- Offset Adjustable Posterior Head Supt (Complete Step 3 Only) \$180

Step 2: Select Upright Length

- Sunrise Selects
- Standard
- Pediatric

Step 3: Select Mounting Block

- Sunrise Selects
- Standard
- Large

Step 4: Select U-Bracket Size

- Sunrise Selects
- Standard
- Long
- Short

CS-14-3P-OS 3 Panel Head Support Acc. Legacy Mount \$394 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)

Left	Right	Made To Order: Write-in Pad Size from Product Selection Guide:	
<input type="checkbox"/> 3.5" w x 4" t	<input type="checkbox"/>	Width (in.): _____	Tall (in.): _____
<input type="checkbox"/> 4" w x 4" t	<input type="checkbox"/>	Width (in.): _____	Tall (in.): _____
<input type="checkbox"/> 5" w x 5" t	<input type="checkbox"/>	Width (in.): _____	Tall (in.): _____
<input type="checkbox"/> 6" w x 6" t	<input type="checkbox"/>	Width (in.): _____	Tall (in.): _____
<input type="checkbox"/> 6.5" w x 6" t	<input type="checkbox"/>	Width (in.): _____	Tall (in.): _____

Step 2: Select Hardware

- Sunrise Selects
- One Piece Pad Mount Pediatric¹
- One Piece Pad Mount Standard²
- One Piece Pad Mount Wide³
- Space Saver Brackets (Qty 2)⁴
- Spacer Saver Brackets (Qty 4)⁵
- Taper Joint Brackets (Qty 2)

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

OTHER Each Selection Below Creates 1 of Each Part Number

Write-in Structural Modifications from Product Selection Guide:

_____	\$
_____	\$

Write-in Structural Modifications from Product Selection Guide:

_____	\$
_____	\$

JAY ConfigureFit Diagrams

Marked For: _____

ATS/RTS Name: _____



CS-01-1000
CS-01-1000
Provide Dimensions

1-A _____
1-B _____
1-C _____

CS-01-1010
CS-01-1010
Provide Dimensions

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

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

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

CS-01-1020
Provide Dimensions

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

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

CS-01-1030
CS-01-1030
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	

1-I _____

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


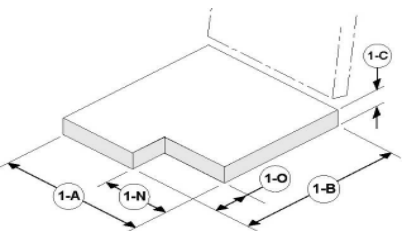
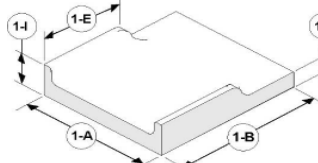
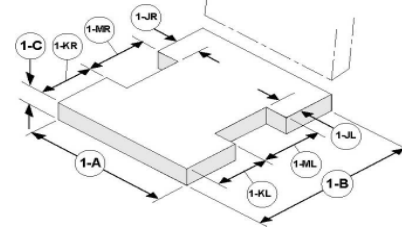

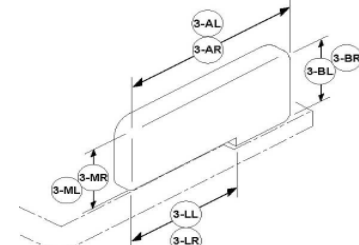
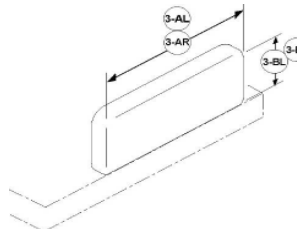

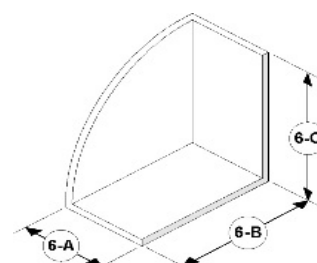
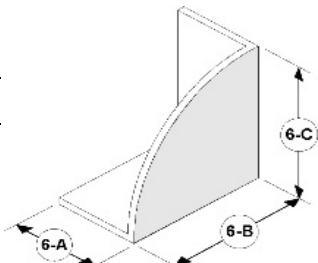
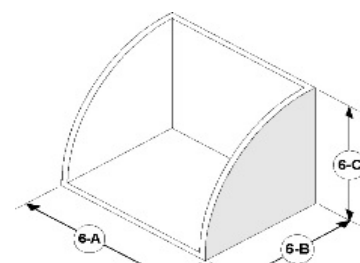
All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)

CS-01-1050
CS-01-1050
Provide Dimensions

1-A _____
1-B _____
1-D _____
1-E _____
1-F _____
1-G _____
1-GG _____
1-HL _____
1-HR _____
1-IL _____
1-IR _____
1-I _____

CS-01-4000
CS-01-4000
Provide Dimensions

1-A _____
1-B _____
1-C _____
1-N _____
1-O _____

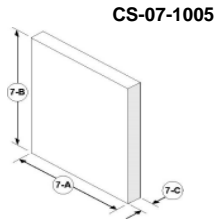
		All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)				
 Zone 1	 CS-01-4010	CS-01-4010 Provide Dimensions 1-A _____ 1-B _____ 1-C _____ 1-N _____ 1-O _____	 CS-01-4095	CS-01-4095 Provide Dimensions 1-A _____ 1-B _____ 1-D _____ 1-E _____ 1-I _____	 CS-01-4450	CS-01-4450 Provide Dimensions 1-A _____ 1-B _____ 1-C _____ 1-JL _____ 1-JR _____ 1-KL _____ 1-KR _____ 1-ML _____ 1-MR _____
	All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)					
 Zone 3	 CS-03-1110	CS-03-1110 LEFT Provide Dimensions <input type="checkbox"/> Check Box to Fit to Contour 3-AL _____ 3-BL _____ 3-LL _____ 3-ML _____	CS-03-1110 RIGHT Provide Dimensions <input type="checkbox"/> 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 RIGHT Provide Dimensions 3-AR _____ 3-BR _____
	All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)					
 Zone 6	 CS-06-2700R	CS-06-2700R Provide Dimensions 6-A _____ 6-B _____ 6-C _____	 CS-06-2700L	CS-06-2700L Provide Dimensions 6-A _____ 6-B _____ 6-C _____	 CS-06-2740	CS-06-2740 Provide Dimensions 6-A _____ 6-B _____ 6-C _____
	All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)					

TORSO REGION

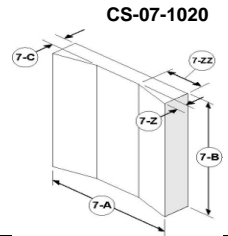
Zone 7



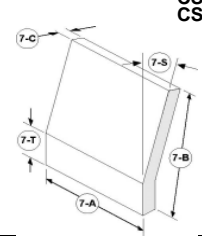
Zone 8



CS-07-1005
 CS-07-1005
 Provide Dimensions
 7-A _____
 7-B _____
 7-C _____

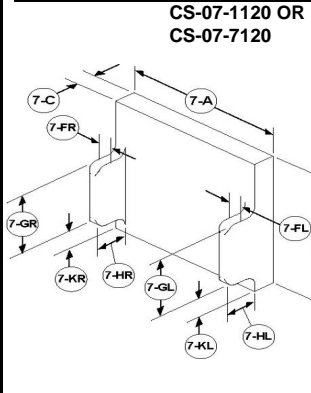


CS-07-1020
 CS-07-1020
 Provide Dimensions
 7-A _____
 7-B _____
 7-C _____
 7-Z _____
 7-ZZ _____

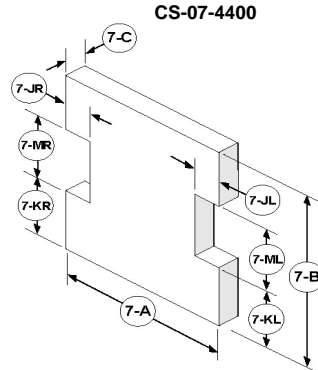


CS-07-1030 OR CS-07-7130
 CS-07-1030 OR CS-07-7130
 Provide Dimensions
 7-A _____
 7-B _____
 7-C _____
 7-S _____
 7-T _____

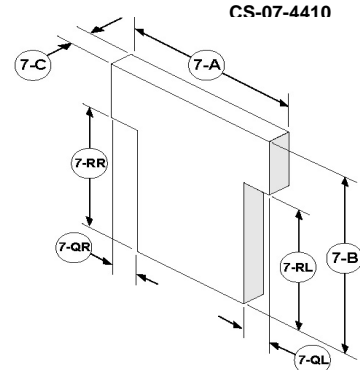
All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)



CS-07-1120 OR CS-07-7120
 CS-07-1120 OR CS-07-7120
 Provide Dimensions
 7-A _____
 7-B _____
 7-C _____
 7-FL _____
 7-FR _____
 7-GR _____
 7-GL _____
 7-HL _____
 7-HR _____
 7-KL _____
 7-KR _____

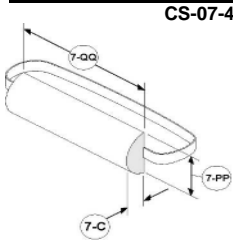


CS-07-4400
 CS-07-4400
 Provide Dimensions
 7-A _____
 7-B _____
 7-C _____
 7-JL _____
 7-JR _____
 7-KL _____
 7-KR _____
 7-ML _____
 7-MR _____

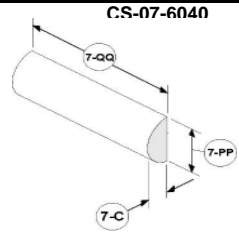


CS-07-4410
 CS-07-4410
 Provide Dimensions
 7-A _____
 7-B _____
 7-C _____
 7-QL _____
 7-QR _____
 7-RL _____
 7-RR _____

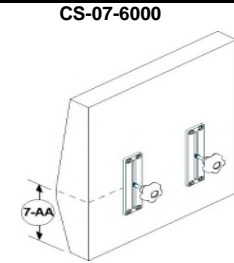
All Dimensions are Foam ONLY - do not include base thickness in measurements (All units in inches)



CS-07-4920
 CS-07-4020
 Provide Dimensions
 7-C _____
 7-PP _____
 7-QQ _____
 Apex ¹ _____



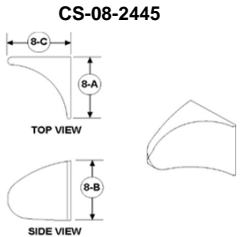
CS-07-6040
 CS-07-6040
 Provide Dimensions
 7-C _____
 7-PP _____
 7-QQ _____
 Apex ¹ _____



CS-07-6000 OR CS-07-6010 OR CS-07-6020
 Selection below determines part number
 Select Adj Rail Height
 Sunrise Selects Rail Length
 3" Rail (CS-07-6010)
 5.5" Rail (CS-07-6000)
 7.5" Rail (CS-07-6020)
 Apex ¹ _____

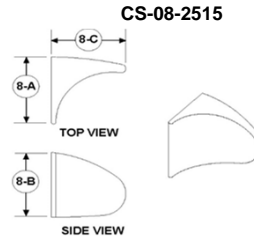
¹ Apex Height Measured from Bottom of Back to Center of Pad

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



CS-08-2445 LEFT
 Provide Dimensions
 8-A _____ Medial Depth
 8-B _____
 8-C _____

CS-08-2445 RIGHT
 Provide Dimensions
 8-A _____ Medial Depth
 8-B _____
 8-C _____



CS-08-2515 LEFT
 Provide Dimensions
 8-A _____ Medial Depth
 8-B _____
 8-C _____

CS-08-2515 RIGHT
 Provide Dimensions
 8-A _____ Medial Depth
 8-B _____
 8-C _____

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 _____		Part Number _____		Part Number _____	
		<u>Dimension Indicator</u>	<u>Dimension</u>	<u>Dimension Indicator</u>	<u>Dimension</u>	<u>Dimension Indicator</u>	<u>Dimension</u>
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
Special Notes	NOTES: _____						

