

TO BE COMPLETED BY PERMOBIL: CUSTOMER SUPPORT REPRESENTATIVE
Line No.
Order No.

AGILITY® Custom Back Support ORDER FORM

1 PICK HARDWARE

- Quick Release
- Fixed
- Direct Mount w/ UniTrack
FOR PERMOBIL POWER WHEELCHAIRS ONLY

2 CELL HEIGHT

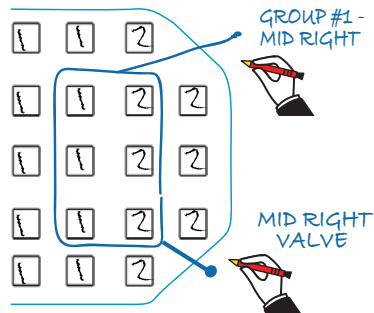
Number each cell with desired cell height.



- X No Cell
- 1 1" or 2.5 cm
- 2 LOW PROFILE® (2.25" / 5.5 cm)
- 3 MID PROFILE™ (3.25" / 8.5 cm)
- 4 HIGH PROFILE® (4.25" / 10.5 cm)

3 COMPARTMENTS

Circle and label groups of air cells to create separate compartments.



4 INFLATION VALVES

Draw in the air valve location for each separate compartment OR

- Let ROHO choose the air valve location.

5 SPECIAL NOTES?

(Eg: I only need the cell pad, or additional cover or other products needed) Explain here:

Visit seating.custom.permobil.com to customize your backrest.

18" - 19" Width x 16" Length	AGILITY Mid Contour
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	TOP										
	A	B	C	D	E	F	G	H	I	J	K
1				□	□	□	□	□			
2			□	□	□	□	□	□	□		
3		□	□	□	□	□	□	□	□	□	
4	□	□	□	□	□	□	□	□	□	□	□
5	□	□	□	□	□	□	□	□	□	□	□
6	□	□	□	□	□	□	□	□	□	□	□
7	□	□	□	□	□	□	□	□	□	□	□
8	□	□	□	□	□	□	□	□	□	□	□
9	□	□	□	□	□	□	□	□	□	□	□
10			□	□	□	□	□	□			
	BOTTOM										

ORDER DATE _____ Quote PO# _____

Provider/Distributor Name: _____

Account #: _____

Shipping Address: _____

Contact: _____

Phone: _____ Email: _____

Billing Address: _____
