

TO BE COMPLETED BY PERMOBIL:
CUSTOMER SUPPORT REPRESENTATIVE

Line No.

Order No.

AGILITY® Custom Back Support ORDER FORM

1 PICK HARDWARE

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

2 CELL HEIGHT

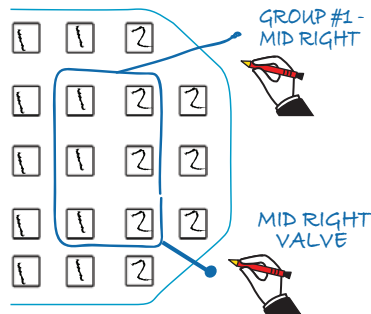
Number each cell with desired cell height.



- 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 20" Length					AGILITY Mid Contour					
		TOP										
		A	B	C	D	E	F	G	H	I	J	K
1					□	□	□	□	□			
2				□	□	□	□	□	□			
3			□	□	□	□	□	□	□	□		
4		□	□	□	□	□	□	□	□	□	□	□
5		□	□	□	□	□	□	□	□	□	□	□
6		□	□	□	□	□	□	□	□	□	□	□
7		□	□	□	□	□	□	□	□	□	□	□
8		□	□	□	□	□	□	□	□	□	□	□
9		□	□	□	□	□	□	□	□	□	□	□
10		□	□	□	□	□	□	□	□	□	□	□
11		□	□	□	□	□	□	□	□	□	□	□
12					□	□	□	□	□			
		BOTTOM										

ORDER DATE _____ Quote PO# _____

Provider/Distributor Name: _____

Account #: _____

Shipping Address: _____

Contact: _____

Phone: _____ Email: _____

Billing Address: _____