

## AGILITY® Custom Back Support ORDER FORM

**TO BE COMPLETED BY PERMOBIL:**  
CUSTOMER SUPPORT REPRESENTATIVE

Line No.

Order No.

### 1 PICK HARDWARE

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

### 2 CELL HEIGHT

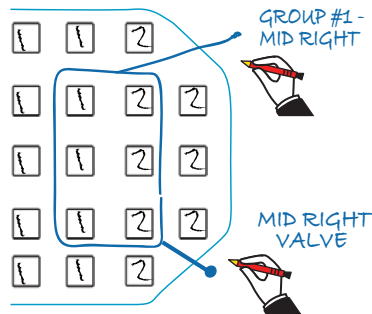
Number each cell with desired cell height.



- 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](http://seating.custom.permobil.com) to customize your backrest.

**19" - 20" Width x 18" Length** **AGILITY Minimum Contour**

|    | A | B | C | D | E | F | G | H | I | J | K |
|----|---|---|---|---|---|---|---|---|---|---|---|
| 1  |   |   |   | ○ | ○ | ○ | ○ | ○ |   |   |   |
| 2  |   |   | ○ | ○ | ○ | ○ | ○ | ○ | ○ |   |   |
| 3  |   | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |   |   |
| 4  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 5  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 6  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 7  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 8  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 9  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 10 |   | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |   |   |
| 11 |   |   | ○ | ○ | ○ | ○ | ○ | ○ |   |   |   |

ORDER DATE \_\_\_\_\_  Quote  PO# \_\_\_\_\_

Provider/Distributor Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_