



JAY CONFIGUREFIT ORDER FORM

Effective May 2010




Account # _____ Date: _____ Ship To: _____
 PO# _____ Buyer: _____ Address: _____
 Marked For: _____
 ATS/RTS Name: _____ City / State: _____
 Chair Order #: _____ Assemble to Base Zip Code: _____ Phone Number: _____

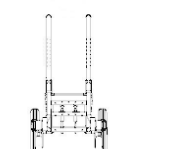
The HCPCS codes provided are based on code verification by the PDAC or our interpretation of the code definitions. Proper use of HCPCS codes does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.

Start

STEP 1 Mobility Base Information

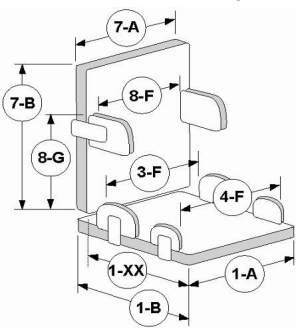


Mobility Base Manufacturer _____
 Mobility Base Model _____
 Width (in.) _____
 Depth (in.) _____
 Back Cane Height _____
 Armrest Type _____
 Seat Tubing Diameter _____
 Upper Back Cane Tubing Dia. _____
 Lower Back Cane Tubing Dia. _____
 Joy Stick Location _____



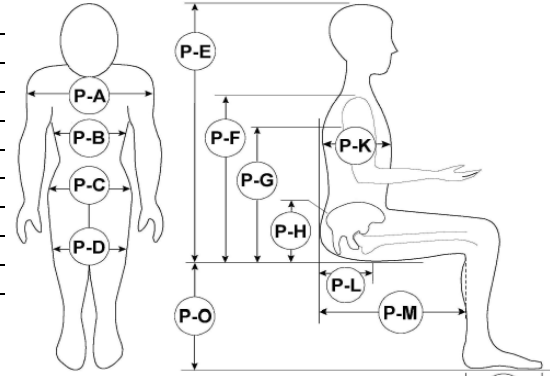
STEP 3 Seating System Dimensional Specifications

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



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** _____

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)


Embroidery Info. (Must order Back)
 Text _____
 Style Script Block
 Thread Color _____
 Stock Monogram _____

■ CS-01-SEAT Custom 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 \$195



CS-01-1020 Anti-Thrust Seat \$355



CS-01-1040 Contoured Seat \$495

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

Step 3: Select Foam

- CS-01-2020 Omit Foam N/C CS-01-2010 1" Med/Soft Sunmate over 1/2" HR 70 \$75
- CS-01-2000 Standard Foam (1.5" HR 70) \$0 Cust. Foam (Complete & attach custom 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 \$35 / Half Inch			Visco Foam \$45/ Half Inch			Pudgee \$90/Half Inch	High Resiliancy \$15/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 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 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)

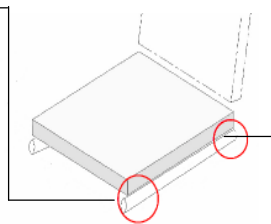
Write in Adjustment Rail Part Number From Product Selection Guide:

	\$
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Step 6: Select Attaching Hardware

Front Seat Hardware (Sunrise selects part number)

- Universal Hardware Transit ¹ \$300
- Universal Hardware \$275
- Adj Drop Hook Style \$85
- Fixed Drop Hook Style \$85
- EZ Mount Style \$145
- Snap On Style \$140
- Omit Hardware N/C



Rear Seat Hardware (Sunrise selects part number)

- Universal Hardware Transit ² \$300
- Universal Hardware \$275
- Adj Drop Hook Style \$85
- Fixed Drop Hook Style \$85
- EZ Mount Style \$145
- Snap On Style \$140
- Omit Hardware N/C
- Seat Tabs ³ \$30

- 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-PELVICSP Single Pull Anterior Pelvic Support Padded \$55 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 \$60 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 \$110 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

	\$
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Write in From Product Selection Guide

	\$
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CS-03-HIP		Lateral Pelvic Supports with Any Type Hardware				\$125 Ea (\$125 for Left and \$125 for 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		Left		Right	
<input type="checkbox"/>	<input type="checkbox"/>	Custom 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"/>		
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									
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		Left		Right	
<input type="checkbox"/>	<input type="checkbox"/>	Standard Removable		\$195	<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects		<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects		1 - Flush and 1" offset only, Standard and Medium Profile only		
<input type="checkbox"/>	<input type="checkbox"/>	20° Adjustable Removable		\$195	<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		\$215	<input type="checkbox"/>	<input type="checkbox"/>	1" Offset		<input type="checkbox"/>	<input type="checkbox"/>	Medium		2 - Used for mounting to Mobility Base Tracking Systems		
<input type="checkbox"/>	<input type="checkbox"/>	Rail Mount (Track) Removable ²		\$235	<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-03-MODU		Upgrade Lateral Pelvic Supports to Modular Hardware				Retail is derived from the pick(s) below (Ea Left and Ea Right)				HCPCS Code K0108					
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		Left		Right	
<input type="checkbox"/>	<input type="checkbox"/>	Modular Fixed Bracket		\$145	<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		\$145	<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 Off		<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)						HCPCS Code K0108			
Left		Right		Left		Right		Left		Right		Left		Right	
<input type="checkbox"/>	<input type="checkbox"/>	CS-03-3055 Adjustable Profile Upgrade				\$25	<input type="checkbox"/>	<input type="checkbox"/>	CS-03-3025 1/4" Bracket Spacer		\$20				
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									
Left \$						Right \$									
CS-04-ADD		Lateral Adductor Supports with Any Fixed Hardware				\$125 Ea (\$125 for Left and \$125 for Right)				HCPCS Code E0956					
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"/>	Custom (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	Left	Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Removable	\$195	Sunrise Selects		Sunrise Selects		2" Distal	\$25		
20 deg Adjustable Rem	\$195	Flush		Standard		3" Distal	\$25		
Large Target Button Rem ¹	\$215	1" Offset		Medium					
Rail Mount (Track) Rem	\$235	2" Offset		High					
		1" Reverse Offset		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	
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	Left	Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modular Fixed Bracket	\$145	Sunrise Selects		Sunrise Selects		2" Distal	\$25		
20 Deg Adj Modular Fixed Brkt	\$145	Flush		Standard		3" Distal	\$25		
		1" Offset		Medium					
		2" Offset		High					
		1" Reverse Offset		Extra High					

Lateral Adductor Support Bracket Modifications				Each Selection = 1 Each part number w/ price (ea Left and Ea Right)				HCPCS Code K0108	
Left	Right			Left	Right				
<input type="checkbox"/>	<input type="checkbox"/>	CS-04-3055	Adjustable Profile Upgrade \$25	<input type="checkbox"/>	<input type="checkbox"/>	CS-04-3025	1/4" Bracket Spacer \$20		
		Write in From Product Selection Guide		<input type="checkbox"/>	<input type="checkbox"/>	CS-04-3050	1/2" Bracket Spacer \$20		
			\$			Write in From Product Selection Guide			\$

Lateral Adductor 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		\$
			\$				\$

BASE REGION

Zone 5 Required

CS-05-ABD		Medial Thigh Support with Fixed Bracket		\$170 EACH				HCPCS Code E0957																																																		
Step 1: Select Pad Style		Step 2: Select Pad Size		Step 3: Select Bracket																																																						
<input type="checkbox"/>	Oval	<input type="checkbox"/>	X-Small (Oval only)	<table border="1"> <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> <table border="1"> <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>				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				
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																																																									
<input type="checkbox"/>	Wedge	<input type="checkbox"/>	Small	<input type="checkbox"/>		Fixed																																																				
		<input type="checkbox"/>	Medium	<input type="checkbox"/>		Upgrade to Flip Down or Removable (Complete CS-05-ABD_REM)																																																				
		<input type="checkbox"/>	Large																																																							
		<input type="checkbox"/>	Custom																																																							

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"/>	Push Button Flip Down Upgrade	\$245		<input type="checkbox"/>	Pull Away Upgrade	\$285			
<input type="checkbox"/>	Push Button Removable Slide-out Upgrade	\$275		<input type="checkbox"/>	Hide Away Upgrade (L Mount)	\$375			
<input type="checkbox"/>	Narrow Profile Push Button Flip Down Upgrade	\$245		<input type="checkbox"/>	Hide Away Upgrade (T Mount)	\$375			
<input type="checkbox"/>	Narrow Profile Push Button Removable Slide-out Upgrade	\$275		<input type="checkbox"/>	Adjustable Hide Away Upgrade	\$405			
				<input type="checkbox"/>	Swing Away Upgrade	\$255			

Medial Thigh Support Pad Modifications				HCPCS Code K0108	
<input type="checkbox"/>	CS-05-3140	1/2" Pudgee Foam in Medial Support	\$55	Write in From Product Selection Guide	
<input type="checkbox"/>	CS-05-3220	7/8" Akton Polymer in Medial Support	\$70		\$

Lower Extremity Supports
Each Selection Below Creates 1 Each of Part Number

See Product Selection Guide for Sizes

SHOE HOLDER	\$	Padded Straps?	SIZE	FOOT AND ANKLE POSITIONER	\$	SIZE
<input type="checkbox"/> CS-06-1010L ABS Shoe Holder Left E0951/E0952	\$80	<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 \$80	<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	\$80	<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-06-1050R Foot and Ankle Positioning Right	K0108 \$80	<input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> X-LG
TENDON RELIEF SHOE HOLDER				ANKLE POSITIONER		
<input type="checkbox"/> CS-06-1030L Tendon Relief Shoe Hldr Left E0951/E0952	\$80	<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-06-1070L Ankle Positioner Left	K0108 \$80	<input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XLC
<input type="checkbox"/> CS-06-1030R Tendon Relief Shoe Hldr Right E0951/E0952	\$80	<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-06-1070R Ankle Positioner Right	K0108 \$80	<input type="checkbox"/> XSM <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XLC

Write in From Product Selection Guide

Write in From Product Selection Guide

CS-07-BACK
Custom 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

<input type="checkbox"/> CS-07-1005 Flat Back	\$195
<input type="checkbox"/> CS-07-1020 Curved By Foam Back	\$315

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

Select Flat Base

<input type="checkbox"/> CS-07-3000 Standard Base ³ (1/2" Thick)	N/C
---	-----

3 Must select for Transit - Weight Limit 200lbs Transit/250lbs non-Transit

OR

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

<input type="checkbox"/> CS-07-1010 Curved Back	\$340
---	-------

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

Select Curved Base

<input type="checkbox"/> CS-07-3060 Curved Back Base ⁹	N/C
---	-----

9 Can use with Transit - Weight Limit 200lbs Transit/250lbs non-Transit

OR

Step 3: Select Foam

<input type="checkbox"/> CS-07-2020 Omit Foam	N/C	<input type="checkbox"/> CS-07-2030 1" Med/Soft Sunmate	\$75
<input type="checkbox"/> CS-07-2025 Standard Foam (1" HR 70)	\$0	<input type="checkbox"/> Cust. Foam (Complete & attach custom 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 \$35 / Half Inch			Visco Foam \$45/ Half Inch			Pudgee \$90/Half Inch	High Resiliancy \$15/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	\$145
	<input type="checkbox"/> Adj. Rails (Tracks) Running Depth of Back	\$145
	<i>Dbl slot adj. rails provided - skip Parts B and C</i>	

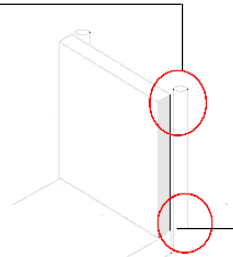
PART B	<input type="checkbox"/> Single Slot Adjustment Rails
	<input type="checkbox"/> Double Slot Adjustment Rails

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	\$300
<input type="checkbox"/> Universal Style	\$275
<input type="checkbox"/> Adj Drop Hook Style	\$85
<input type="checkbox"/> Fixed Drop Hook Style	\$85
<input type="checkbox"/> EZ Mount Style ²	\$145
<input type="checkbox"/> Snap On Style ²	\$140
<input type="checkbox"/> Omit Hardware	N/C



Lower Back Hardware (Sunrise selects part number)

<input type="checkbox"/> Seat to Back Bracket ³	\$165
<input type="checkbox"/> Adj Depth Seat to Back Bracket ³	\$230
<input type="checkbox"/> Universal Hardware Transit ⁴	\$300
<input type="checkbox"/> Universal Style	\$275
<input type="checkbox"/> Adj Drop Hook Style	\$85
<input type="checkbox"/> Fixed Drop Hook Style	\$85
<input type="checkbox"/> EZ Mount Style ²	\$145
<input type="checkbox"/> Snap On Style ²	\$140
<input type="checkbox"/> Omit Hardware	N/C

Spacer Options

<input type="checkbox"/> Add'l 1/4" Seat depth growth w/ spacers ⁵	\$50
<input type="checkbox"/> Add'l 1/2" Seat depth growth w/ spacers ⁵	\$50
<input type="checkbox"/> Add'l 1" Seat depth growth w/ spacers ⁵	\$100
<input type="checkbox"/> Add'l 2" Seat depth growth w/ spacers ⁵	\$200

- 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

	\$
--	----



CS-08-LAT Lateral Thoracic Supports with Any Type Hardware \$125 EACH (\$125 for Left and \$125 for 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"/>	Custom
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"/>	Custom (Use notes on Diagram page)

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"/>	Custom (Use notes on Diagram page)

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"/>	Custom (Use notes on 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 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 7: Select Profile

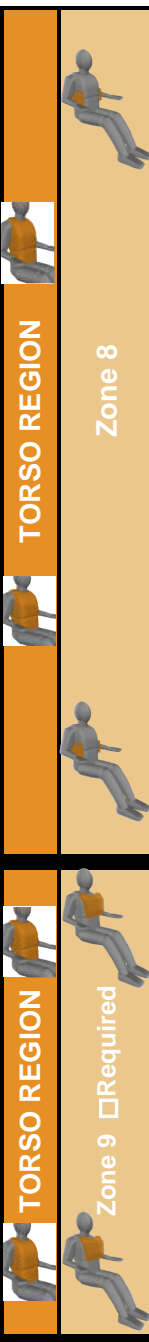
Left	Right	
<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects
<input type="checkbox"/>	<input type="checkbox"/>	Standard
<input type="checkbox"/>	<input type="checkbox"/>	Medium
<input type="checkbox"/>	<input type="checkbox"/>	High
<input type="checkbox"/>	<input type="checkbox"/>	X-HP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

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)	\$200		<input type="checkbox"/>	<input type="checkbox"/>	Sunrise Selects	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Adj Angle Swing Away	\$220		<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)	\$210		<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)	\$200		<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	\$220		<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)			HCPCS Code K0108		
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	\$145		<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	\$145		<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)	\$200		<input type="checkbox"/>	<input type="checkbox"/>	1" Offset	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20° Adj Mod Fixed Brkt with Rear Quick Adj	\$200		<input type="checkbox"/>	<input type="checkbox"/>	2" 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			\$50 EACH (\$50 Left and \$50 Right)			HCPCS Code K0108		
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					
					Write in from Product Selection Guide:					
Left	Right				Left				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-3055	Adjustable Profile Upgrade	\$25	Right				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-1170	Add Lever Style Summer Winter (Only avail. on Fixed, HD Fixed and Prox. SA Lats.)	\$55	Left				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-3025	1/4" Bracket Spacer	\$20	Right				\$	
<input type="checkbox"/>	<input type="checkbox"/>	CS-08-3050	1/2" Bracket Spacer	\$20	Left				\$	
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			\$160 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 ComforFit		<input type="checkbox"/>	Structured		<input type="checkbox"/>	Early Intervention (Not avail. In Structured)		<input type="checkbox"/>	Medium
<input type="checkbox"/>	Contour ComforFit		<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			\$165 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 ComfoFit		<input type="checkbox"/>	Early Intervention		<input type="checkbox"/>	Medium			
<input type="checkbox"/>	Zipper Open ComforFit		<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			Write in Structural Modifications from Product Selection Guide:					
<input type="checkbox"/>	CS-09-1385	Strap Guides	\$45							
									\$	
									\$	



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

<input type="checkbox"/> Plush Pad ¹	<input type="checkbox"/> 6" Pad - \$180	<input type="checkbox"/> 8" Pad - \$180	<input type="checkbox"/> 10" Pad - \$185	<input type="checkbox"/> 14" Pad - \$185	<input type="checkbox"/> 19" Pad - \$260
<input type="checkbox"/> C Plush	<input type="checkbox"/> Small - \$165	<input type="checkbox"/> Med - \$165	<input type="checkbox"/> Large - \$185		
<input type="checkbox"/> Dual Plush	<input type="checkbox"/> 14" Pad - \$415	<input type="checkbox"/> 19" Pad - \$425			
<input type="checkbox"/> Narrow Plush	<input type="checkbox"/> 12" Pad - \$185				
<input type="checkbox"/> Contoured Cradle	<input type="checkbox"/> Infant Pad - \$140	<input type="checkbox"/> Small - \$150	<input type="checkbox"/> Med - \$165	<input type="checkbox"/> Large - \$175	
<input type="checkbox"/> Occipital Pad ²	<input type="checkbox"/> Infant ² - \$65	<input type="checkbox"/> Peds ² - \$110	<input type="checkbox"/> Adult ² - \$110	<input type="checkbox"/> T Bar ⁵ - \$70	
<input type="checkbox"/> Adj -A -Plush	<input type="checkbox"/> Narrow - \$285	<input type="checkbox"/> Standard - \$285			
<input type="checkbox"/> Flat Head Spt Panel ^{3,4}	<input type="checkbox"/> \$115	<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"/> Cust Flat HR Extension ⁴	<input type="checkbox"/> \$155	Specify Width _____	Specify Height _____		
<input type="checkbox"/> Cust Curved Head Spt Ext ⁴	<input type="checkbox"/> \$190	Specify Width _____	Specify Height _____		

Step 2: Select Fabric

Lycra
 Reverse Dartex

Step 3: Select Bracket

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

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 sub occipital 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

<input type="checkbox"/> Cobra Xtra Early Intervention \$335	<input type="checkbox"/> AXYS \$ 290	<input type="checkbox"/> Standard N/C
<input type="checkbox"/> Cobra Xtra Pediatric \$335	<input type="checkbox"/> ONYX \$ 175	<input type="checkbox"/> Swing Away \$55
<input type="checkbox"/> Cobra Xtra Adult \$335	<input type="checkbox"/> LINX \$ 290	
	<input type="checkbox"/> PRO \$ 330	

Step 2: Detach Style

CS-14-MULTI Upgrade to Multi-Pad System Retail is derived from the pick(s) below (EACH) HCPCS Code K0108

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

<input type="checkbox"/> T Bar Pad (Must have Ordered Occipital Pad T Bar Style in CS-14-HEAD)	<input type="checkbox"/> Short - \$110	<input type="checkbox"/> Long - \$110
<input type="checkbox"/> Single Sub Occipital	<input type="checkbox"/> Small - \$145	<input type="checkbox"/> Large - \$150
<input type="checkbox"/> Dual Sub Occipital	<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 - \$220 Non Flared Pad Style - \$220

Step 2: Select Fabric

Lycra
 Reverse Dartex

CS-14-3P 3 Panel Head Support Accessories \$260 EACH HCPCS Code K0108

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	
<input type="checkbox"/> 3.5" W x 4" T	<input type="checkbox"/> Custom: Write in Custom Pad Size from Product Selection Guide:	
<input type="checkbox"/> 4" W x 4" T	Left Width: _____ x Tall: _____	\$ _____
<input type="checkbox"/> 5" W x 5" T	Right Width: _____ x Tall: _____	\$ _____
<input type="checkbox"/> 6" W x 6" T		
<input type="checkbox"/> 6.5" W x 6" T		

Step 2: Select Hardware

Sunrise Selects
 One Piece Pad Mount Pediatric¹
 One Piece Pad Mount Std²
 One Piece Pad Mount Wide³

Space Saver Brackets (Qty2)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 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: _____

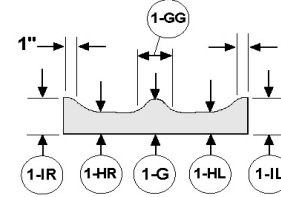
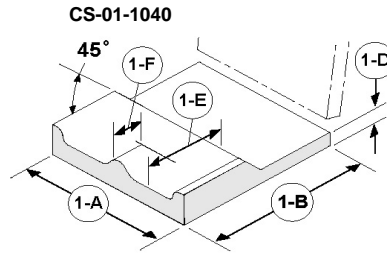
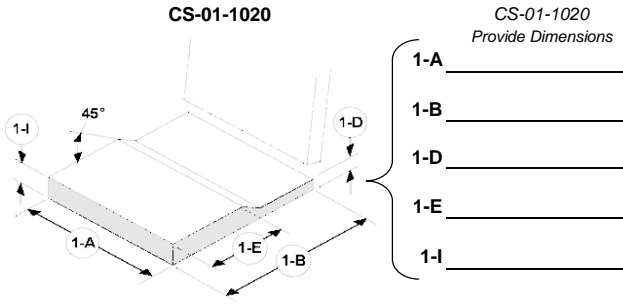
ATS/RTS Name: _____

BASE REGION

ZONE 1

BASE REGION

Zone 3



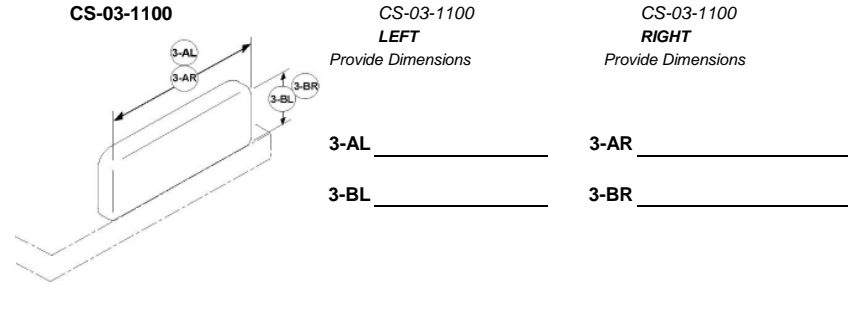
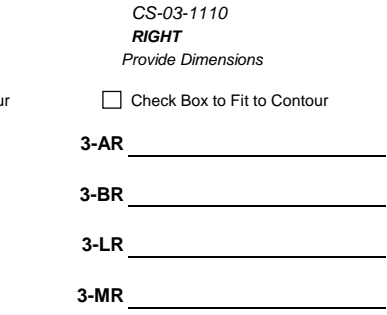
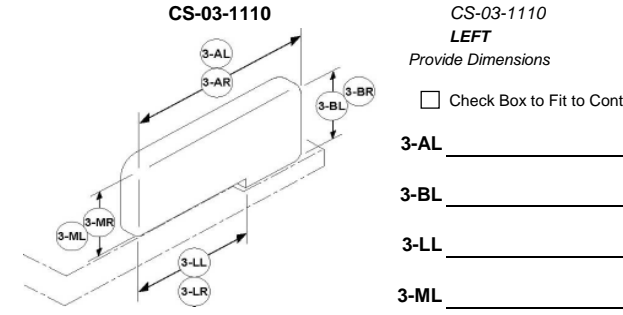
Select Custom Contour OR Available Standard Contour

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	

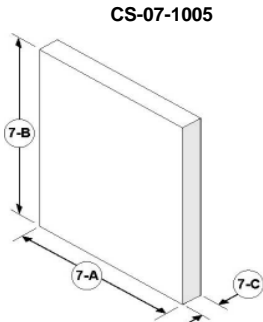
Please complete 1-A, 1-B, 1-E and 1-F for Mild, Medium and Aggressive Contours

All Dimensions are Foam ONLY - do not include base thickness in measurements



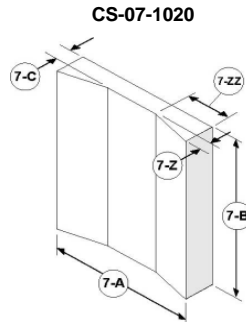
All Dimensions are Foam ONLY - do not include base thickness in measurements

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



CS-07-1005 CS-07-1005
Provide Dimensions

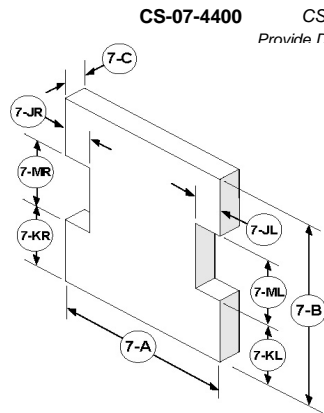
7-A _____
7-B _____
7-C _____



CS-07-1020 CS-07-1020
Provide Dimensions

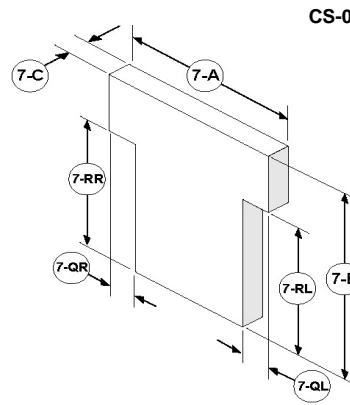
7-A _____
7-B _____
7-C _____
7-Z _____
7-ZZ _____

All Dimensions are Foam ONLY - do not include base thickness in measurements



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

Transfer both the part number of the item and the dimension indicator and then indicate the dimension desired

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

NOTES: _____

