



# JAY ENCOMPASS

## Custom Backrest



July 2017

Date: _____ <input type="checkbox"/> Order <input type="checkbox"/> Quote Dealer Acct #: _____ Dealer: _____ Dealer Contact: _____ Dealer Address: _____ Dealer City: _____ PV: _____ PC: _____ Dealer Phone: ( ) _____ Fax: ( ) _____	<b>SHIPPING INFORMATION</b> PO#: _____ Ship To: _____ Attention: _____ Address: _____ Address: _____ Ship To City: _____ PV: _____ PC: _____ Ship To Phone: ( ) _____ Fax: ( ) _____ Confirmation Email: _____
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Mark For: \_\_\_\_\_

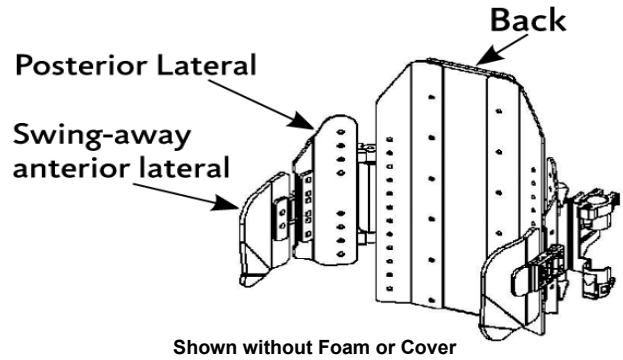
✓	Option #	Definition	Price	✓	Option #	Definition	Price
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### STEP 1 - SELECT SEAT BACK

Encompass Custom Backrest			
<input type="checkbox"/>	<b>SBK90XX</b>	<b>Solid Back Package Custom</b>	<b>\$497</b>
<i>Select Size</i>			
<input type="checkbox"/>	ENC1000	18" Tall or Less	\$291
<input type="checkbox"/>	ENC1010	Greater than 18" Tall	\$291
	ENC1500	Removable Encompass Mounting Hardware	\$176
	HR0001	Universal Headrest Adapter Plate	\$102

Back sizes available in 1" increments only. Standard foam is 1" High Resiliency. Cover is black AirExchange/contact surface; Dartex/non-contact surface. No additional upholstery options are available.

Width Dimensions			
<i>Wheelchair width determines correct selection of back, which is sized to fit between uprights.</i>			
<input type="checkbox"/>	14"	<input type="checkbox"/>	15"
<input type="checkbox"/>	16"	<input type="checkbox"/>	17"
<input type="checkbox"/>	18"	<input type="checkbox"/>	19"
<input type="checkbox"/>	20"	<input type="checkbox"/>	21"
<input type="checkbox"/>	22"	<input type="checkbox"/>	23"
<input type="checkbox"/>	24"	<input type="checkbox"/>	25"



Height Dimensions			
<input type="checkbox"/>	12"	<input type="checkbox"/>	13"
<input type="checkbox"/>	14"	<input type="checkbox"/>	15"
<input type="checkbox"/>	16"	<input type="checkbox"/>	17"
<input type="checkbox"/>	18"	<input type="checkbox"/>	19"
<input type="checkbox"/>	20"	<input type="checkbox"/>	21"
<input type="checkbox"/>	22"	<input type="checkbox"/>	23"
<input type="checkbox"/>	24"	<input type="checkbox"/>	25"
<input type="checkbox"/>	26"	<input type="checkbox"/>	27"
<input type="checkbox"/>	28"		

Encompass Sizing Guide						
Wheelchair Width	Lateral Size(s) (Standard)	Overall Back Width (w/o Laterals)	Overall Back Width with Posterior Laterals		Patient Thoracic Width Using Swing-Away Laterals	
			Minimum	Maximum	Minimum	Maximum
14	Small	7.2	8.5	14	7.5	13.5
15	Small	8.2	9.5	15	8.5	14.5
16	Small	9.2	10.5	16	9.5	15.5
17	Med-Small	10.2	11.5	17	10.5	16.5
18	Med-Small	11.2	12.5	18	11.5	17.5
19	Med-Small	12.2	13.5	19	12.5	18.5
20	Med-Large	13.2	14.5	20	13.5	19.5
21	Med-Large	14.2	15.5	21	14.5	20.5
22	Med-Large	15.2	16.5	22	15.5	21.5
23	Large	16.2	17.5	23	16.5	22.5
24	Large	17.2	18.5	24	17.5	23.5
25	Large	18.2	19.5	25	18.5	24.5

Mark For: \_\_\_\_\_

✓	Option #	Definition	Price	✓	Option #	Definition	Price
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### STEP 2 - SELECT FOAM MODIFICATION

Foam Modifications to Back section are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 2" including base layer.

T-Foam			
<input type="checkbox"/>	ENCFOAMT1	1" T-Foam	\$90
<input type="checkbox"/>	ENCFOAMT1.5	1.5" T-Foam	\$113
<input type="checkbox"/>	ENCFOAMT2	2" T-Foam	\$127
<input type="checkbox"/> X-Soft (Yellow) <input type="checkbox"/> Soft (Pink) <input type="checkbox"/> Medium (Blue)			

Gel			
<input type="checkbox"/>	ENCFOAMG.5	1/2" Gel	\$211
<input type="checkbox"/>	ENCFOAMG1	1" Gel	\$211
<input type="checkbox"/>	ENCFOAMGC	1/2" Cubed Gel	\$211

Sunmate Foam			
<input type="checkbox"/>	ENCFOAMSM1	1" Sunmate Foam	\$83
<input type="checkbox"/>	ENCFOAMSM1.5	1.5" Sunmate Foam	\$100
<input type="checkbox"/>	ENCFOAMSM2	2" Sunmate Foam	\$115
<input type="checkbox"/> Soft <input type="checkbox"/> Med. Soft <input type="checkbox"/> Medium <input type="checkbox"/> Firm			

Additional Foam			
<input type="checkbox"/>	ENCFOAMX.5	Add HR Foam per 1/2" Inches X \$25 =	\$29
<input type="checkbox"/>	ENC5000	F.I.P. Kit	\$515

<b>SUBTOTAL OF SECTION 2: FOAM MODIFICATION</b>
\$ _____

### STEP 3 - SELECT LATERALS

Foam Modifications Laterals are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 1" including base layer.

A. Posterior (POS) Laterals - LEFT ONLY			
<input type="checkbox"/>	ENC2010L-RT	LEFT SM 9.5"H X 3.25"D	\$139
<input type="checkbox"/>	ENC2020L-RT	LEFT MED-SM 10.5"H X 3.5"D	\$158
<input type="checkbox"/>	ENC2030L-RT	LEFT MED-LG 11.25"H X 3.5"D	\$158
<input type="checkbox"/>	ENC2040L-RT	LEFT LG 11.75"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2099L-RT	LEFT Custom POS Lateral	QUOTE

B. Swing-Away Anterior (S/AA) Laterals - LEFT ONLY			
<i>Must select POS Lateral, same size (SM - LG) recommended</i>			
<input type="checkbox"/>	ENC2510L-RT	LEFT SM 6.25"H X 3.75"D	\$286
<input type="checkbox"/>	ENC2520L-RT	LEFT MED-SM 6.75"H X 4.25"D	\$323
<input type="checkbox"/>	ENC2530L-RT	LEFT MED-LG 7.25"H X 4.75"D	\$322
<input type="checkbox"/>	ENC2540L-RT	LEFT LG 7.75"H X 5.25"D	\$255
<input type="checkbox"/>	ENC2599L-RT	LEFT Custom POS Lateral	QUOTE

A. Posterior (POS) Laterals - RIGHT ONLY			
<input type="checkbox"/>	ENC2010R-RT	RIGHT SM 9.5"H X 3.25"D	\$139
<input type="checkbox"/>	ENC2020R-RT	RIGHT MED-SM 10.5"H X 3.5"D	\$158
<input type="checkbox"/>	ENC2030R-RT	RIGHT MED-LG 11.25"H X 3.5"D	\$158
<input type="checkbox"/>	ENC2040R-RT	RIGHT LG 11.75"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2099R-RT	RIGHT Custom POS Lateral	QUOTE

B. Swing-Away Anterior (S/AA) Laterals - RIGHT ONLY			
<i>Must select POS Lateral, same size (SM - LG) recommended</i>			
<input type="checkbox"/>	ENC2510R-RT	RIGHT SM 6.25"H X 3.75"D	\$286
<input type="checkbox"/>	ENC2520R-RT	RIGHT MED-SM 6.75"H X 4.25"D	\$323
<input type="checkbox"/>	ENC2530R-RT	RIGHT MED-LG 7.25"H X 4.75"D	\$322
<input type="checkbox"/>	ENC2540R-RT	RIGHT LG 7.75"H X 5.25"D	\$255
<input type="checkbox"/>	ENC2599R-RT	RIGHT Custom POS Lateral	QUOTE

<b>SUBTOTAL OF SECTION 3A: POS LATERALS</b>
\$ _____

<b>SUBTOTAL OF SECTION 3B: S/AA LATERALS</b>
\$ _____

### STEP 4 - CALCULATE COMPONENT PRICES

4A. Base Package Price (Section 1+2)	
Back Package (SBK90XX)	\$497
<b>ENTER Foam Mod. (Subtotal - Step 2)</b>	\$
<b>TOTAL</b>	\$

4B. Laterals Price (Section 3A+3B)	
<b>ENTER POS Lateral (Subtotal - 3A)</b>	\$
<b>ENTER S/AA Lateral (Subtotal - 3B)</b>	\$
<b>TOTAL</b>	\$

GRAND TOTAL	
4A. Base Package Price	\$
4B. Laterals Price	\$
<b>GRAND TOTAL</b>	\$