



ENCOMPASS ORDER FORM

July 2016



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



STEP 1 - SELECT SEAT BACK

Encompass Seat Back			
<input type="checkbox"/>	SBK90XX	Solid Back Package, Custom	\$483.00
<i>Select Size</i>			
<input type="checkbox"/>	ENC1000	18" Tall or Less	\$283.00
<input type="checkbox"/>	ENC1010	Greater than 18" Tall	\$283.00

Solid Back Package Inclusions			
<input type="checkbox"/>	ENC1500	Removable Encompass Mounting Hardware	\$171.00
<input type="checkbox"/>	HR00001	Universal Headrest Adapter Plate	N/C

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.

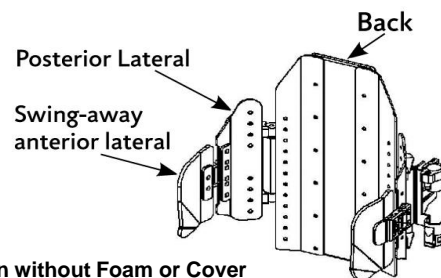
Width Dimensions

Wheelchair width determines correct selection of back, which is sized to fit between uprights.

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <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	
			(Dimensions of Posterior Lateral openings are taken with hardware in neutral position. If back is moved rearward from neutral position, the maximum lateral openings will decrease due to interference with the chair canes. Dimensions are based on 1" thick foam for back and 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: _____

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	\$87.00
<input type="checkbox"/>	ENCFOAMT1.5	1.5" T-Foam	\$110.00
<input type="checkbox"/>	ENCFOAMT2	2" T-Foam	\$123.00
<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	\$205.00
<input type="checkbox"/>	ENCFOAMG1	1" Gel	\$205.00
<input type="checkbox"/>	ENCFOAMGC	1/2" Cubed Gel	\$205.00

Sunmate Foam			
<input type="checkbox"/>	ENCFOAMSM1	1" Sunmate Foam	\$81.00
<input type="checkbox"/>	ENCFOAMSM1.5	1.5" Sunmate Foam	\$97.00
<input type="checkbox"/>	ENCFOAMSM2	2" Sunmate Foam	\$112.00
<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 \$20.00 =	\$28.00
<input type="checkbox"/>	ENC500	F.I.P. Kit	\$500.00

SUBTOTAL OF SECTION 2: FOAM MODIFICATION

\$ _____

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	LEFT SM 9.5"H X 3.25"D	\$142.00
<input type="checkbox"/>	ENC2020L	LEFT MED-SM 10.5"H X 3.5"D	\$142.00
<input type="checkbox"/>	ENC2030L	LEFT MED-LG 11.25"H X 3.5"D	\$142.00
<input type="checkbox"/>	ENC2040L	LEFT LG 11.75"H X 3.5"D	\$142.00
<input type="checkbox"/>	ENC2099L	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	LEFT SM 6.25"H X 3.75"D	\$278.00
<input type="checkbox"/>	ENC2520L	LEFT MED-SM 6.75"H X 4.25"D	\$278.00
<input type="checkbox"/>	ENC2530L	LEFT MED-LG 7.25"H X 4.75"D	\$278.00
<input type="checkbox"/>	ENC2540L	LEFT LG 7.75"H X 5.25"D	\$278.00
<input type="checkbox"/>	ENC2599L	LEFT Custom POS Lateral	QUOTE

A. Posterior (POS) Laterals - RIGHT ONLY			
<input type="checkbox"/>	ENC2010R	RIGHT SM 9.5"H X 3.25"D	\$142.00
<input type="checkbox"/>	ENC2020R	RIGHT MED-SM 10.5"H X 3.5"D	\$142.00
<input type="checkbox"/>	ENC2030R	RIGHT MED-LG 11.25"H X 3.5"D	\$142.00
<input type="checkbox"/>	ENC2040R	RIGHT LG 11.75"H X 3.5"D	\$142.00
<input type="checkbox"/>	ENC2099R	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	RIGHT SM 6.25"H X 3.75"D	\$278.00
<input type="checkbox"/>	ENC2520R	RIGHT MED-SM 6.75"H X 4.25"D	\$278.00
<input type="checkbox"/>	ENC2530R	RIGHT MED-LG 7.25"H X 4.75"D	\$278.00
<input type="checkbox"/>	ENC2540R	RIGHT LG 7.75"H X 5.25"D	\$278.00
<input type="checkbox"/>	ENC2599R	RIGHT Custom POS Lateral	QUOTE

SUBTOTAL OF SECTION 3A: POS LATERALS

\$ _____

SUBTOTAL OF SECTION 3B: S/AA LATERALS

\$ _____

STEP 4 - CALCULATE COMPONENT PRICES

4A. Base Package Price (Section 1+2)

Back Package (SBK90XX)	\$483.00
ENTER Foam Mod. (Subtotal - Step 2)	\$
TOTAL	\$

4B. Laterals Price (Section 3A+3B)

ENTER POS Lateral (Subtotal - 3A)	\$
ENTER S/AA Lateral (Subtotal - 3B)	\$
TOTAL	\$

GRAND TOTAL

4A. Back Package Price	\$
4B. Laterals Price	\$
GRAND TOTAL	\$