

Date: _____ <input type="checkbox"/> Order <input type="checkbox"/> Quote Dealer Acct #: _____ Dealer: _____ Dealer Contact: _____ Dealer Address: _____ Dealer City: _____ PV: _____ PC: _____ Dealer Phone: ( ) _____ Fax: ( ) _____ Mark For: _____	<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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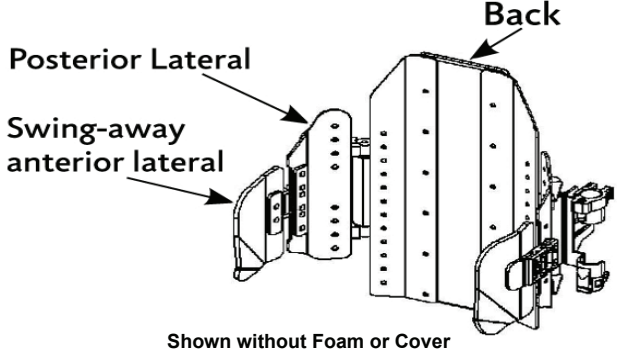
✓	Option #	Definition	Price	✓	Option #	Definition	Price
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## STEP 1 - SELECT SEAT BACK

Encompass Custom Backrest			
<input type="checkbox"/>	<b>SBK90XX</b>	<b>Solid Back Package Custom</b>	<b>\$512.00</b>
<i>Select Size</i>			
<input type="checkbox"/>	ENC1000	18" Tall or Less	\$300.00
<input type="checkbox"/>	ENC1010	Greater than 18" Tall	\$300.00
	ENC1500	Removable Encompass Mounting Hardware	\$181.00
	HR0001	Universal Headrest Adapter Plate	\$105.00

Back sizes available in 1" increments only. Standard foam is 1" High Resiliency. Cover is black Air Exchange/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	\$93.00
<input type="checkbox"/>	ENCFOAMT1.5	1.5" T-Foam	\$116.00
<input type="checkbox"/>	ENCFOAMT2	2" T-Foam	\$131.00
<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	\$217.00
<input type="checkbox"/>	ENCFOAMG1	1" Gel	\$217.00
<input type="checkbox"/>	ENCFOAMGC	1/2" Cubed Gel	\$217.00

Sunmate Foam			
<input type="checkbox"/>	ENCFOAMSM1	1" Sunmate Foam	\$85.00
<input type="checkbox"/>	ENCFOAMSM1.5	1.5" Sunmate Foam	\$103.00
<input type="checkbox"/>	ENCFOAMSM2	2" Sunmate Foam	\$118.00
<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 \$29.00 =	\$29.00
<input type="checkbox"/>	ENC5000	F.I.P. Kit	\$530.00

**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-RT	LEFT SM 9.5"H X 3.25"D	\$143.00
<input type="checkbox"/>	ENC2020L-RT	LEFT MED-SM 10.5"H X 3.5"D	\$163.00
<input type="checkbox"/>	ENC2030L-RT	LEFT MED-LG 11.25"H X 3.5"D	\$163.00
<input type="checkbox"/>	ENC2040L-RT	LEFT LG 11.75"H X 3.5"D	\$129.00
<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	\$295.00
<input type="checkbox"/>	ENC2520L-RT	LEFT MED-SM 6.75"H X 4.25"D	\$333.00
<input type="checkbox"/>	ENC2530L-RT	LEFT MED-LG 7.25"H X 4.75"D	\$332.00
<input type="checkbox"/>	ENC2540L-RT	LEFT LG 7.75"H X 5.25"D	\$263.00
<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	\$143.00
<input type="checkbox"/>	ENC2020R-RT	RIGHT MED-SM 10.5"H X 3.5"D	\$163.00
<input type="checkbox"/>	ENC2030R-RT	RIGHT MED-LG 11.25"H X 3.5"D	\$163.00
<input type="checkbox"/>	ENC2040R-RT	RIGHT LG 11.75"H X 3.5"D	\$129.00
<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	\$295.00
<input type="checkbox"/>	ENC2520R-RT	RIGHT MED-SM 6.75"H X 4.25"D	\$333.00
<input type="checkbox"/>	ENC2530R-RT	RIGHT MED-LG 7.25"H X 4.75"D	\$332.00
<input type="checkbox"/>	ENC2540R-RT	RIGHT LG 7.75"H X 5.25"D	\$263.00
<input type="checkbox"/>	ENC2599R-RT	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)	\$512.00
ENTER Foam Mod. (Subtotal - Step 2)	\$
<b>Total</b>	\$

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

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