

INCREDIBACK® Deep Back Support Order Form

HCPCS CODING: E2615

Since U.S. Medicare coding is subject to change, the provider should always confirm the HCPCS code and coverage criteria as part of the client assessment process.

permobil

SEATING + POSITIONING

Company Name/ACCT #: _____

P.O. Number: _____

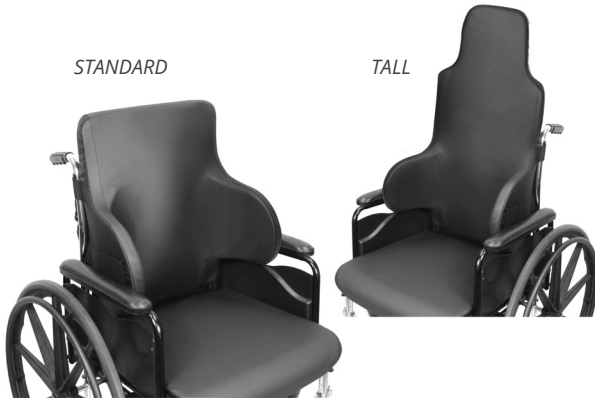
Requested By: _____

Phone: _____ Fax: _____

Email: _____

Ship To: _____

Client Reference: _____



For best results, do not fill out in your browser. Interactive form should be completed using Adobe Reader after saving to your local drive. Then email or print and fax to Customer Support at orders.comfort@permobil.com or 1.406.522.8563.

DO NOT SEND PATIENT PROTECTED HEALTH INFORMATION. IT IS NOT NEEDED TO MAKE THE PRODUCT YOU ARE REQUESTING.

1 SIZE SELECTION

*Length (L) refers to the actual size dimension of the support from bottom to top edge.

PART NUMBER & MSRP BY SIZE

LENGTH*	34"	414TA \$564.00	414TB \$564.00	414TC \$564.00	414TD \$674.00	MOLDABLE TALL
	21"	414A \$508.00	414B \$508.00	414C \$508.00	414D \$640.00	MOLDABLE STANDARD
		15" - 21"	17" - 21"	19" - 21"	21"	
WC FRAME WIDTHS						

SOLACE COVER

DESIGNED FOR PRESSURE RELIEF AND COMFORT. SOLACE IS FLUID-PROOF, ANTI-MICROBIAL, SOFT TO THE TOUCH AND HAS MULTI-DIMENSIONAL STRETCH.

MOLDABLE SUPPORT

DESIGNED TO SUPPORT SPINAL CURVATURE AND OTHER POSTURAL ASYMMETRIES.

IF DESIRED SIZE IS NOT LISTED, PLEASE CONTACT CUSTOMER SUPPORT FOR ASSISTANCE. | 800.736.0925

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