Order form

# BodiLink® thigh supports

Dealer Name*: Account #*:

City, State, Zip*:

Phone: Email:

ATP: Rep Name:

P.O. Number: Quote Number:

Client Reference*: Client Weight*:

***Required field**

Special considerations that need to be addressed here (e.g., diagnosis):

**NOTE** | *Refer to reference pages at end of order form for additional imformation and images.*

## Basic pads

*Must select pad size and cover.*

**Size options** | *Priced per pad.*

| | Left<br>*Must enter number of pads* | | Right<br>*Must enter number of pads* | | | |
|---|---|---|---|---|---|---|
| 3”L x 4”D | ☐ | BL-LPTSP1Z-3L4D-LH | ☐ | BL-LPTSP1Z-3L4D-RH | $60.00 | E0953 |
| 3”L x 5”D | ☐ | BL-LPTSP1Z-3L5D-LH | ☐ | BL-LPTSP1Z-3L5D-RH | $60.00 | E0953 |
| 4”L X 4”D | ☐ | BL-LPTSP1Z-4L4D-LH | ☐ | BL-LPTSP1Z-4L4D-RH | $60.00 | E0953 |
| 4”L x 6”D | ☐ | BL-LPTSP1Z-4L6D-LH | ☐ | BL-LPTSP1Z-4L6D-RH | $60.00 | E0953 |
| 4”L x 8”D | ☐ | BL-LPTSP1Z-4L8D-LH | ☐ | BL-LPTSP1Z-4L8D-RH | $60.00 | E0953 |
| 4”L x 10”D | ☐ | BL-LPTSP1Z-4L10D-LH | ☐ | BL-LPTSP1Z-4L10D-RH | $60.00 | E0953 |
| 4”L x 12”D | ☐ | BL-LPTSP1Z-4L12D-LH | ☐ | BL-LPTSP1Z-4L12D-RH | $60.00 | E0953 |
| 4”L x 14”D | ☐ | BL-LPTSP1Z-4L14D-LH | ☐ | BL-LPTSP1Z-4L14D-RH | $60.00 | E0953 |
| 4”L x 16”D | ☐ | BL-LPTSP1Z-4L16D-LH | ☐ | BL-LPTSP1Z-4L16D-RH | $60.00 | E0953 |
| 5”L x 7”D | ☐ | BL-LPTSP1Z-5L7D-LH | ☐ | BL-LPTSP1Z-5L7D-RH | $60.00 | E0953 |

**Cover options** | *Required, must enter number of covers needed and match number of pads selected. Includes foam insert.*

| | | |
|---|---|---|
| ☐ LPTS-P1-COMFORT | **COMFORT-TEK®**<br>*For fluid protection & an easily cleaned surface*<br>☐ Left ☐ Right | NC |
| ☐ LPTS-P1-STRETCH | **STRETCH-AIR®**<br>*For comfort & heat dissapation*<br>☐ Left ☐ Right | NC |
| ☐ LPTS-P1-GLIDE | **GlideWear®**<br>*For skin protection & shear reduction. NOT fluid resistant.*<br>☐ Left ☐ Right | $15.00 |

## Premium pads

*Must select pad size and cover.*

**Size options** | *Price per pad.*

| | **Left**<br>*Must enter the number of pads needed* | **Right**<br>*Must enter the number of pads needed* | | |
|---|---|---|---|---|
| 3.5”L x 4”D | ☐ BL-LPTSP2Z-3L4D-LH | ☐ BL-LPTSP2Z-3L4D-RH | $72.00 | E0953 |
| 3.5”L x 8”D | ☐ BL-LPTSP2Z-3L5D-LH | ☐ BL-LPTSP2Z-3L5D-RH | $72.00 | E0953 |
| 3.5”L x 12”D | ☐ BL-LPTSP2Z-4L4D-LH | ☐ BL-LPTSP2Z-4L4D-RH | $72.00 | E0953 |
| 5.5” x 6”D | ☐ BL-LPTSP2Z-4L6D-LH | ☐ BL-LPTSP2Z-4L6D-RH | $72.00 | E0953 |

**Cover options** | *Required, must enter number of covers needed and match number of pads selected. Includes foam insert.*

| | | |
|---|---|---|
| ☐ LPTS-P2-COMFORT-FM | **COMFORT-TEK**<br>*For fluid protection & an easily cleaned surface*<br>☐ Left ☐ Right | NC |
| ☐ LPTS-P2-STRETCH-FM | **STRETCH-AIR**<br>*For comfort & heat dissapation*<br>☐ Left ☐ Right | NC |
| ☐ LPTS-P2-GLIDE-FM | **GlideWear**<br>*For skin protection & shear reduction. NOT fluid resistant.*<br>☐ Left ☐ Right | $15.00 |

## Hardware options

*Required, must match number of pads selected.*

### GT mounting hardware, slot mount only

| | | | | | |
|---|---|---|---|---|---|
| **Fixed** | ☐ Left (BL-LPTS-GT2FXS-LH) | ☐ Right (BL-LPTS-GT2FXS-RH) | $118.00 | | |
| **Removable** | ☐ Left (BL-LPTS-GT2RMS-LH) | ☐ Right (BL-LPTS-GT2RMS-RH) | $258.00 | E1028 | |

### TT mounting hardware

| | Small<br>*Recommened cushion thickness: 2.0”-3.0”* | Medium<br>*Recommened cushion thickness: 3.0”-4.5”* | Large<br>*Recommened cushion thickness: 4.0”-6.5”* | | |
|---|---|---|---|---|---|
| **Slot mount** | | | | | |
| Fixed-Left | ☐ BL-LPTS-TT1FXSL1-LH | ☐ BL-LPTS-TT1FXSL2-LH | ☐ BL-LPTS-TT1FXSL3-LH | $161.00 | |
| Fixed-Right | ☐ BL-LPTS-TT1FXSL1-RH | ☐ BL-LPTS-TT1FXSL2-RH | ☐ BL-LPTS-TT1FXSL3-RH | $161.00 | |
| Removable-Left | ☐ BL-LPTSM-TT1RMSL1-LH | ☐ BL-LPTSM-TT1RMSL2-LH | ☐ BL-LPTSM-TT1RMSL3-LH | $282.00 | E1028 |
| Removable-Right | ☐ BL-LPTSM-TT1RMSL1-RH | ☐ BL-LPTSM-TT1RMSL2-RH | ☐ BL-LPTSM-TT1RMSL3-RH | $282.00 | E1028 |
| **Power mount** | | | | | |
| Fixed-Left | ☐ BL-LPTS-TT1FXPWL1-LH | ☐ BL-LPTS-TT1FXPWL2-LH | ☐ BL-LPTS-TT1FXPWL3-LH | $211.00 | |
| Fixed-Right | ☐ BL-LPTS-TT1FXPWL1-RH | ☐ BL-LPTS-TT1FXPWL2-RH | ☐ BL-LPTS-TT1FXPWL3-RH | $211.00 | |
| Removable-Left | ☐ BL-LPTS-TT1RMPWL1-LH | ☐ BL-LPTS-TT1RMPWL2-LH | ☐ BL-LPTS-TT1RMPWL3-LH | $324.00 | E1028 |
| Removable-Right | ☐ BL-LPTS-TT1RMPWL1-RH | ☐ BL-LPTS-TT1RMPWL2-RH | ☐ BL-LPTS-TT1RMPWL3-RH | $324.00 | E1028 |

## Additional hardware options

☐ BL-LPTS-GT2LINK — **GT additional link** — $43.00
*price per link*
☐ Left ☐ Right ☐ Extra left ☐ Extra right

☐ Bl-LPTS-TT1LARM4 — **TT long extension arm, 4”** — $43.00
*price per arm*
☐ Left ☐ Right ☐ Extra left ☐ Extra right

## BodiLink® medial knee/thigh support hardware and pads

### Pad shape & size | *Priced per pad.*

| | Wedge | Oval | | |
|---|---|---|---|---|
| 2.5”W x 3.5”D | ☐ BL-MKTSP1-3W4D | ☐ BL-MKTSP2-3W4D | $148.00 | E0957 |
| 3.5”W x 5”D | ☐ BL-MKTSP1-4W5D | ☐ BL-MKTSP2-4W5D | $148.00 | E0957 |
| 4”W x 6”D | ☐ BL-MKTSP1-4W6D | | $148.00 | E0957 |
| 5”W x 6”D | | ☐ BL-MKTSP2-5W6D | $148.00 | E0957 |

### Cover options | *Required, choose one.*

☐ MKTSP-COMFORT — **COMFORT-TEK** — NC
*For fluid protection, an easily cleaned surface*

☐ MKTSP-STRETCH — **STRETCH-AIR** — NC
*For comfort and heat dissipation*

☐ MKTSP-GLIDE — **GlideWear** — $15.00
*For skin protection & shear reduction. NOT fluid resistant*

### Swing-away hardware | *Required, choose one.*

☐ BL-MKTS-ST1SASL1 — **Small** — $205.00 E1028
*Recommended inferior thigh thickness: 1.0”-3.0”*

☐ BL-MKTS-ST1SASL2 — **Medium** — $205.00 E1028
*Recommended inferior thigh thickness: 2.0”-5.0”*

☐ BL-MKTS-ST1SASL3 — **Large** — $205.00 E1028
*Recommended inferior thigh thickness: 3.0”-7.0”*

## Removable solid seat pan

| | | | |
|---|---|---|---|
| **Removable solid seat pan & hardware** | ☐ Please fill in with dimensions: RSSP-1- | $444.00 | E2231 |

## Additional Order Instructions (for Permobil):

## Notes & Comments (not for Permobil):

## Chair Order Policy:

You are highly encouraged to contact Permobil Sales with ANY questions regarding proper completion of our order forms at 1-800-736-0925. The order cannot be processed without the following:

- The client's name or code and the client's weight
- The order form must also be signed by a person authorized by your company to acknowledge the items selected. Permobil is not responsible for configuration or size discrepancies resulting from customer errors on the order form.
- Order confirmations will be provided by Permobil summarizing the items selected. Please review this carefully.
- Once the order is shipped, any changes are subject to the returns policy and may be prohibited.

## Order Acknowledgement:

I, , am an agent of the medical equipment provider named on this order form and I have the authority to contract for the purchase of powered wheelchairs and related parts on behalf of said provider. I acknowledge that I have reviewed this order and that it is complete and accurate to the best of my knowledge. I further acknowledge that any changes to this order after submission of this order form are subject to the returns policy and may carry additional charges.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

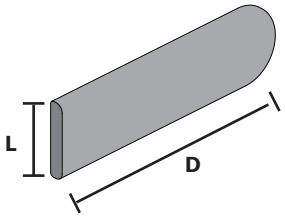
*NOTE: All specifications and prices are subject to change without notice. Please note that prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty. The HCPCS codes provided are not intended to be billing or legal advice, rather our interpretation of the code definitions. Use of the codes does not ensure coverage or payment for the item. For coverage information, verify the policy of the appropriate payer.*

# References

## Section 1 | *Lateral pelvic/thigh supports pad options*

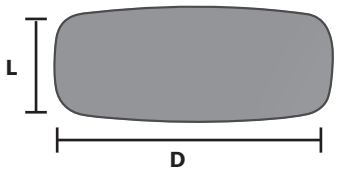
**Basic pads**

Length (L) refers to the actual size dimension of the support from top to bottom edge. Depth (D) refers to the actual size dimension from anterior to posterior edge



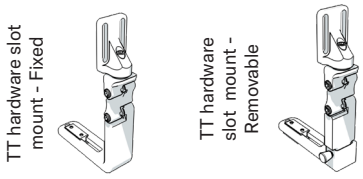

**Premium pads**

Length (L) refers to the actual size dimension of the support from top to bottom edge. Depth (D) refers to the actual size dimension from anterior to posterior edge.

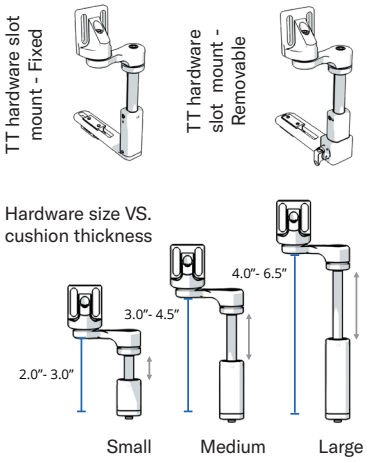



## Section 2 | *Lateral pelvic/thigh supports mounting hardware*

**GT hardware**

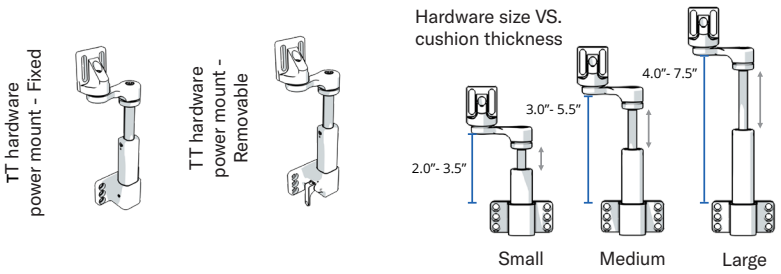



**TT hardware, slot mount**




| Hardware size | Max cushion thickness clearance | Recommended cushion thickness |
|---|---|---|
| Small | 3.0” | 2.0”- 3.0” |
| Medium | 4.5” | 3.0”- 4.5” |
| Large | 6.5” | 4.0”- 6.5” |

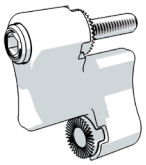
**TT hardware, power mount**



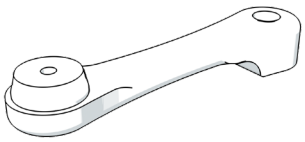

| Hardware size | Max cushion thickness clearance | Recommended cushion thickness |
|---|---|---|
| Small | 3.5” | 2.0”- 3.5” |
| Medium | 5.5” | 3.0”- 5.5” |
| Large | 7.5” | 4.0”- 7.5” |

**Additional hardware**

GT additional link

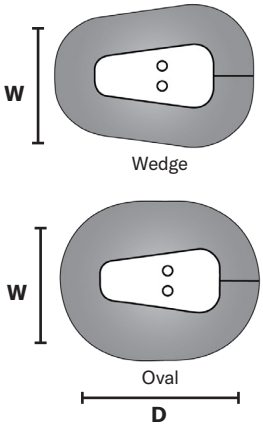


TT long extension arm 4”

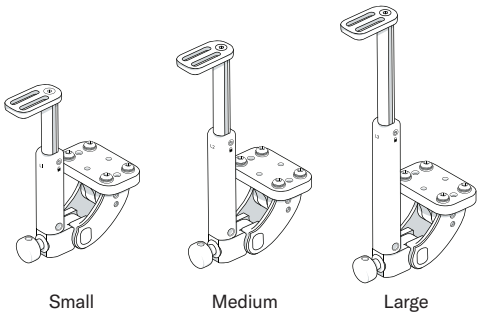


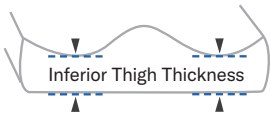
## **Section 3** | *Bodilink medial knee/thigh supports*

### Premium pad size/shape




### Swing-away hardware




| Size | Recommended inferior thigh thickness |
|---|---|
| Small | 1.00”- 3.00” |
| Medium | 2.00”- 5.00” |
| Large | 3.00”- 7.00” |

## **Section 4** | *Cushion accessories*

**Removable seat pan kit** *(includes hardware)*
Includes a slotted aluminum pan and attaching hardware to accommodate 7/8” or 1” tubing. Kit includes two different cross bars to accommodate various wheelchair frame types. This will fit both folding and non-folding seat rails. Lateral and medial thigh support hardware can easily be attached.