



Order form

# Vicair® Active O2 Low cushion



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 information and images.

## Vicair® Active O2 Low

HPCPS coding: E2624/E2625 Adjustable skin protection and positioning cushion. Part number: OCTL-WWDD

### Includes active cover

Highlighted box indicates quick ship is available in this size

Depth	22"			\$515.00	\$515.00	\$611.00	\$611.00
	20"		\$515.00	\$515.00	\$515.00	\$611.00	\$611.00
	18"	\$515.00	\$515.00	\$515.00	\$515.00	\$611.00	
	16"	\$515.00	\$515.00	\$515.00	\$515.00		
	14"	\$515.00					
		14"	16"	18"	20"	22"	24"
Width							

AIRCELL50

**Extra Vicair air cells**  
Pack of 50 air cells

\$50.00

## Cushion accessories

Refer to reference pages for details and images.

<b>Removable solid seat pan &amp; hardware</b>	RSSP-1-WWDD		\$440.00	E2231
<b>Rigid insert</b>	Rigid insert glued (RIDWWDD)	Rigid insert not glued (RIDWWDD)	\$78.00	E0992

## BodiLink® pelvic/thigh support hardware and pads

**Premium pad shape & size** | Priced per pad.

	<b>Left</b> Must enter the number of pads needed	<b>Right</b> Must enter the number of pads needed		
3.5"L x 4"D	BL-LPTSP2Z3L4D-LH	BL-LPTSP2Z-3L4D-RH	\$72.00	E0953
3.5"L x 8"D	BL-LPTSP2Z3L8D-LH	BL-LPTSP2Z-3L8D-RH	\$72.00	E0953
3.5"L x 12"D	BL-LPTSP2Z3L12D-LH	BL-LPTSP2Z-3L12D-RH	\$72.00	E0953
5.5" x 6"D	BL-LPTSP2Z5L6D-LH	BL-LPTSP2Z-5L6D-RH	\$72.00	E0953

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

LPTS-P2-COMFORT-FM	<b>COMFORT-TEK</b> For fluid protection & an easily cleaned surface		NC
	Left	Right	
LPTS-P2-STRETCH-FM	<b>STRETCH-AIR</b> For comfort & heat dissipation		NC
	Left	Right	
LPTS-P2-GLIDE-FM	<b>GlideWear</b> For skin protection & shear reduction. NOT fluid resistant.		\$15.00
	Left	Right	

**Premium pad hardware options** | Required, must match number of pads selected. If selecting power mount hardware, must choose power chair mounting option.

	<b>Small</b> Recommended cushion thickness: 2.0"-3.0"	<b>Medium</b> Recommended cushion thickness: 3.0"-4.5"	<b>Large</b> Recommended cushion thickness: 4.0"-6.5"		
<b>TT hardware, slot mount</b>					
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-LPTS-TT1RMSL1-LH	BL-LPTS-TT1RMSL2-LH	BL-LPTS-TT1RMSL3-LH	\$282.00	E1028
Removable-Right	BL-LPTS-TT1RMSL1-RH	BL-LPTS-TT1RMSL2-RH	BL-LPTS-TT1RMSL3-RH	\$282.00	E1028
<b>TT hardware, power mount</b>					
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

<b>Power mount option</b>	Quantum w/ Corpus 3G (LPTS-TT-PW1)	NC
	Permobil w/ Corpus 3G (LPTS-TT-PW2)	
	Quickie w/ 3.7 Power (LPTS-TT-PW3)	
	Rovi w/ Motion Concepts (LPTS-TT-PW4)	
	Avid Rehab w. Power T & R (LPTS-TT-PW5)	

## Additional options

BI-LPTS-TT1LARM4	<b>TT long extension arm, 4"</b>				\$43.00
	<i>Price per arm</i>				
	Left	Right	Extra left	Extra right	

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

### Pad shape & size | *Price 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

### Pad cover options | *Required, choose one.*

MKTSP-COMFORT	<b>COMFORT-TEK</b> <i>For fluid protection, an easily cleaned surface</i>	NC
MKTSP-STRETCH	<b>STRETCH-AIR</b> <i>For comfort and heat dissipation</i>	NC
MKTSP-GLIDE	<b>GlideWear</b> <i>For skin protection &amp; shear reduction. NOT fluid resistant</i>	\$15.00

## Swing away hardware

BL-MKTS-ST1SASL1	<b>Small</b> <i>Recommended inferior thigh thickness: 1.0"-3.0"</i>	\$205.00	E1028
BL-MKTS-ST1SASL2	<b>Medium</b> <i>Recommended inferior thigh thickness: 2.0"-5.0"</i>	\$205.00	E1028
BL-MKTS-ST1SASL3	<b>Large</b> <i>Recommended inferior thigh thickness: 3.0"-7.0"</i>	\$205.00	E1028

## 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: \_\_\_\_\_

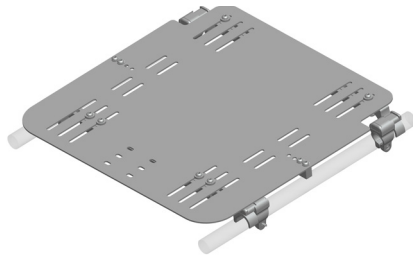
*NOTE: All specifications and prices are subject to change without notice. Please note that prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty. The HCPCS codes provided are not intended to be billing 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

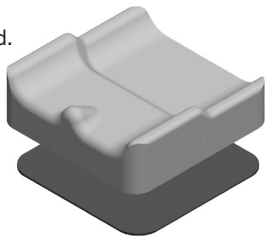
## Section 1 | Cushion accessories

### 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.



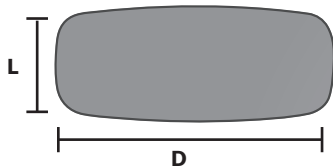
**Rigid insert**  
3/16" rigidizing board.



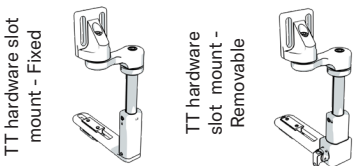
## Section 2 | Bodilink lateral/pelvic thigh supports

### Premium pad size/shape

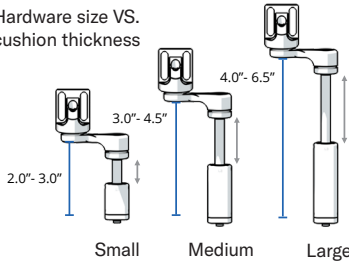
Length(L) refers to the actual size dimension of the support from top to bottom edge.  
Depth(D) refers to the actual size dimension from anterior to posterior edge



### Bodilink lateral/pelvic thigh support hardware: Slot mount

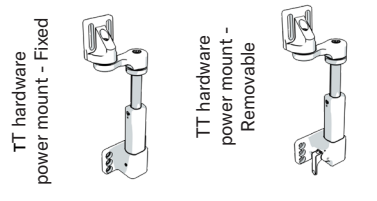


Hardware size VS. cushion thickness

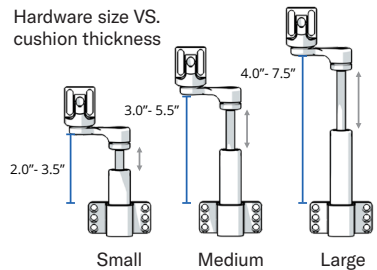


Hardware size	Max cushion thickness clearance	Recommended cushion thickness
Small	3.0"	2.0"- 3.0"
Medium	4.5"	3.0"- 4.5"
Large	6.5"	4.0"- 6.5"

### Bodilink lateral/pelvic thigh support hardware: Power mount

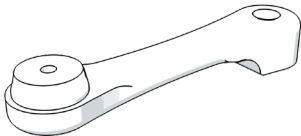


Hardware size VS. cushion thickness



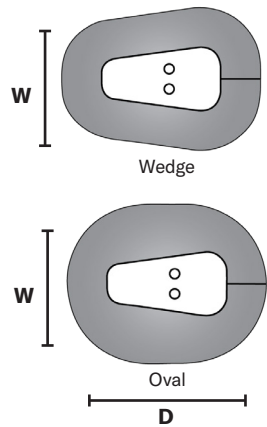
Hardware size	Max cushion thickness clearance	Recommended cushion thickness
Small	3.5"	2.0"- 3.5"
Medium	5.5"	3.0"- 5.5"
Large	7.5"	4.0"- 7.5"

### TT long extension arm 4"

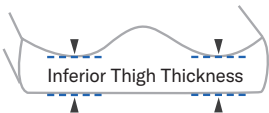
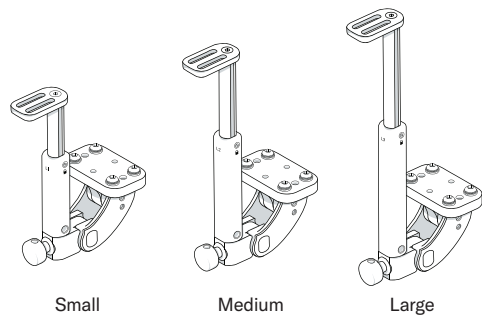


**Section 3 |** Bodilink medial knee/thigh supports

**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"