permobil SMARTDRIVE ORDER & REQUEST FOR QUOTE FORM SDMX2-SOF Rev. C

REQUEST A QUOTE	PLACE AN ORDER - P.O. #:		Quote #:	
[please complete entire form]	I		[if	you do not already have a quote please complete entire form]
<u>Dealer Information</u>		<u>Shipping</u>		
Dealer:		Ship to dealer address on file		
Dealer Location [if applicable]:		Ship to alternate address:		
Order Contact Name:		Alternate Ship To Recipient:		
ATP / Therapist:		Street:		
· L		City:		
Phone:		State:		Zip Code:
E-mail:		Country:		
VA Contract # V79				
Mobility Products	[All prices are in US Dollars (USD)]			
SmartDrive MX2	+ Power Assist System (HCPCS	Code: E0986)		
Client / Mark For:				
PushTracker Size: [wrist circumference ran	Small (Black) ge] 4-1/2" / 114 mm to 6" / 152 mm	Medium (Blac 6" / 152 mm to 7-1/4" /		Large (Black) 1/4" / 184 mm to 9" / 229 mm
Rear Wheel Size:	22" / 501 mm 24" / 540	0 mm 25"/	′ 559 mm	26" / 590 mm
Wheelchair Make:		Wheelchair Model:		
Is this an Existing wheel	chair or a New one being ordered at the same		_	New
Frame Type:	Rigid - the chair / frame width:	urs Shockblade or Bo	oing, please pro	ovide
	Folding - MUST provide the chair /	frame width:		
	Special Frame, One-Arm Drive, etc.	- Please specify:		
	Standing			
Extra Accessories / [check box(es) if desired		Thumb Throttle Butt	ons Rol	ler Replacement Kit
		Extra	a PushTracker S	trap Band (Small / Black)
Extra PushT	racker Strap Band (Medium / Black)	Extra	a PushTracker S	trap Band Band (Large / Bla
Order Notes:		ı		