

Mandatory fields:¹
Information required for processing

HCPSC Code – E0986

Invoice address

cust. no. _____
PO no. _____

Company _____
Street _____
City _____ State _____ ZIP _____

Shipping address (if different from invoice address)

Company _____
Street _____
City _____ State _____ ZIP _____

Order marked for _____

Select a SMOOV

SMOOV one O10 – max speed 6 MPH (SKU 1592898)
(includes mounting kit)

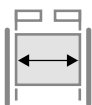
Rigid wheelchair profile

Wheelchair manufacturer (e.g. TiLite, Sunrise, Ki) _____
Model (e.g. ZRA, Q7, Rogue) _____
Year of manufacture _____
Seat width _____
Rear seat to floor height (15.75" minimum height) _____

Folding wheelchair profile

Wheelchair manufacturer (e.g. Invacare, TiLite, Ki) _____
Model (e.g. ProSPIN, Aero X, Catalyst 5) _____
Year of manufacture _____
Wheel size _____
Seat width _____
Camber of wheels _____
Rear seat to floor height (15.75" minimum height) _____

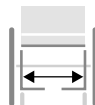
Measuring



Measuring seat width



Measuring rear seat height



Measuring axle distance:
inside axle tip to axle tip

Need help measuring? We can send you a video.

Comments (mounting, delivery etc.)

Contact name _____ Email _____

Date ____ / ____ / ____ Signature of buyer _____

1 In order to smoothly and quickly process your order we require ALL information in the fields highlighted in blue.
2 Installation kits can only be shipped to trained dealers.
3 Please send the wheelchair, shipping prepaid, with a copy of this order as soon as possible.

