

Airpulse PK Order Form

Billing Information

 Bill to Name

 Street Address

 City, State, Zip

 Telephone

 Fax

 Email

Shipping Information

Same as Billing Information

 Ship to Name Check if Residential Address

 Street Address

 City, State, Zip

 Telephone

Product Information (Indicate Model Choice)

- Battery Model Control Box--*Charger Included*
 (Runs off of its own internal batteries)
- Power-chair Model Control Box
 (Runs off of your power chair batteries)
- Hybrid Model Control Box--*Charger Included*
 (Can run off of its internal batteries or your power chair batteries)

• **Cushion Size** _____ wide by _____ deep
 We offer 6 standard sizes 15"x15", 16"x16", 16"x18", 18"x17", 18"x18", 20"x20" *Non Standard Size Fee \$250

• **Remote Control (Optional):** Mini Remote Yes _____ No _____ (Additional fee applies)

• **Cushion includes one 4-way stretch breathable cover.** Note if you would like additional covers. (Additional fee applies)
 4-Way Stretch Breathable Cover _____ Incontinence Cover _____ Non-Slip Cover _____

• **Cushion system includes a one year warranty.** Would you like to purchase a one year extended warranty? (Additional fee applies)
 Yes _____ No _____

Customer Information *This information will be used to design a system specifically for your needs.*

1. Customer Weight _____

2. Do you have a pressure sore now? _____ If yes, **location, size and stage.** _____

3. Do you have a severe lean to one side or the other? If yes, which side is getting more pressure? _____

4. Do you have boney ischials? Yes _____ No _____

5. Does your chair have a tilt/recline feature? Yes _____ No _____ Does your chair sit in an upright position? Yes _____ No _____

6. Will the cushion be placed directly on a metal seat pan? Yes _____ No _____ Is your seat pan level? Yes _____ No _____

Additional Notes About Condition: _____

Tissue health is the responsibility of each individual. It is also up to each individual to inspect their skin at least daily to look for any signs of redness of the skin or changes in existing sores.

Signature _____

Date _____

Signature Required for Order Verification