



Silhouette® Custom Basic

Thank you for using Invacare eForms.

Invacare is pleased to offer you an upgraded solution to your ordering process. Our enhanced order forms allow you to fill out a form electronically, print and fax the form, save and email it to Customer Service, or maintain the business practices that work for you today. The format has been revised to reveal a cleaner look with electronic selection and input functions.



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Simply click the submit button below and step through the simple process.

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800-834-4153

SUBMIT

CLEAR FORM

PRINT FORM



Account Information

Required information highlighted in Yellow - If not filled out, will be a delay in delivery time.

Quote ☐

Order ☐

Request Type:

Date: _____

Account #: _____

Company: _____

SHIP TO Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Purchase Order #: _____

CONTACT

Name: _____

Back-Up Contact: _____

Phone: _____

Email: _____

Comments: _____

Wheelchair Information

Brand: _____

Model: _____

Width: _____

Depth: _____

TO BE SUCCESSFUL!

Send your Quote #/P.O. #, Completed Order Form, 3D CLIP Image, all with matching client reference information.

Before fabrication can start we must receive all of this information.

For best results of fit and function please mold the patient's shape as close to the time of ordering as possible.

Patient Information

☐ Male Width at Chest: _____

☐ Female Width at Hips: _____

☐ Mark For*: _____

* Do not provide the patient's name.

On Chair Information

(Cushions mounted directly to your chair before shipping)

Chair orders must be placed with the correct company and relay quote # to Pindot

FREEDOM DESIGNS

☐ Freedom Designs to mount cushions to NEW Freedom Designs Chair

If a Freedom Designs chair quote is to be converted, please call 1-800-331-8551. Cushions will be drop shipped to Freedom Designs.

Quote/PO#: _____



MOTION CONCEPTS

☐ Motion Concepts to mount cushions to NEW Motion Concepts Chair

If a Motion Concepts chair quote is to be converted, please call 1-888-433-6818.

Cushions will be drop shipped to Motion Concepts.

Quote/PO#: _____

Seat Cushion HCPCS E2609

SEAT CUSHION DIMENSIONS (SCBSC -\$2,561)

Cushion Measurements

Width ⁽¹⁾⁽²⁾: _____ "

Depth ⁽¹⁾⁽²⁾: _____ "

Measurement of the client plus 1"

1. Variable from 8" to 26" Wide

2. Seat cushion 21" or greater, additional \$79 cost applies

HCPCS codes are not intended to be, nor should be considered billing or legal advice. Providers are responsible for determining the appropriate billing codes when submitting claims to the Medicare Program and should consult an attorney or other advisor to discuss specific situations in further detail.

Prices subject to change

Additional

☐ SO90 Leg Length Discrepancy\$92

Shorten Left Leg By: _____ " Shorten Right Leg By: _____ "

Longer Leg will be indicated by the overall cushion length

☐ SO16 Growth Style\$92

Length: _____ " + Growth: _____ " = _____ " Total Length

SEAT CUSHION BASE FOAM OPTIONS

☐ Soft Foam

☐ Firm Foam

SEAT CUSHION OVERLAY OPTIONS (OPTIONAL)

☐ VF05 1/2" Visco Foam \$333

☐ VF01 1" Visco Foam\$424

☐ SF05 1/2" Medium Density Foam\$242

☐ SF01 1" Medium Density Foam\$303

SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

☐ CM09 Softspot - Standard FoamQty: _____\$242

Depth (1/2" - 1"): _____ "

☐ CM09V Softspot - Visco FoamQty: _____ \$333

Depth (1/2" - 1"): _____ "

☐ CM30 Recess OnlyQty: _____ \$333

Depth (1/2" - 2"): _____ "

☐ CM30G Silicone Pad \$333

SEAT CUSHION COVERING OPTIONS (MUST CHOOSE ONE - \$121)

Select Fabric Cover

☐ CMP Polartek

☐ DT-2R Startex Reversed

☐ L-14 Red Neoprene Lycra

☐ L-20 Blue Neoprene Lycra

☐ CMS Lycra

☐ L-05 Black Neoprene Lycra

☐ L-15 Teal Neoprene Lycra

☐ L-23 Green Neoprene

☐ CMD Darlexx

☐ L-06 GrayNeopreneLycra

☐ L-18 Purple Neoprene Lycra

☐ L-24 Lycra Spacer Mesh⁽¹⁾

☐ DT-2 Startex Standard

☐ L-13 Light Blue Neoprene Lycra

☐ L-19 Burgundy Neoprene Lycra

For 2- tone fabric selection indicate surface: Contact: _____ Non-Contact: _____



Cover Style

☐ DrawstringNC

☐ 2-Piece w/Velcro bottomNC

1. Spacer Mesh is only an A-Surface option

☐ Zipper w/Velcro Bottom.....Standard

☐ Zipper w/out Velcro BottomNC

SEAT CUSHION ADDITIONAL COVERS (OPTIONAL)

Cover

☐ SO25 Additional CoverQty: _____ \$255

Contact: _____ Non-Contact: _____

☐ S040 Inner Moisture Resistant Zipper Cover \$255

Cover Style

☐ DrawstringNC

☐ 2-Piece w/Velcro bottomNC

☐ Zipper w/Velcro Bottom.....Standard

SEAT CUSHION MOUNTING OPTIONS(1)

☐ CM06T Wood Mount w/T-nuts\$339

Specify T-nut Pattern: _____

☐ CM06 Wood Mount w/out T-nuts\$255

☐ TFNP New Pindot Pan\$339

☐ CTPN Cut Pan \$103

☐ TFEP Existing Pindot PanNC

Specify Width: _____ " Specify Height: _____

1. If no mounting selected, cushion will have velcro on bottom _____ "

SEAT CUSHION MOUNTING HARDWARE OPTIONS

☐ OCMK01 1" J & L Brackets⁽¹⁾\$255

☐ OCMK78 7/8" J & L Brackets⁽¹⁾\$255

☐ HWWMK01 1" Wood Mounting Kit⁽²⁾ (Flush Mount)\$297

☐ HWWMK78 7/8" Wood Mounting Kit⁽²⁾ (Flush Mount) \$297

☐ HWPMK01 1" Pan Mounting Kit⁽³⁾ (Flush Mount).....\$297

☐ HWPMK78 7/8" Pan Mounting Kit⁽³⁾ (Flush Mount) \$297

☐ FDI-538 Econo-Eze Kit (Seat & Back)⁽²⁾\$846

☐ OMIT Omit HardwareNC

1. Rail cut recommended

2. Wood mount required

3. Pan mount required

SEAT CUSHION MODIFICATIONS

☐ S075 Rail Cut (2" deep std)\$92

Rail Cut Finished Width: _____ "

☐ S077 Undercut\$92

Width: _____ "

☐ CM12 Pelvic Strap NotchesQty: _____ \$134

☐ CM20 Strap Slots 1/2" x 1 1/2" stdQty: _____ \$230

☐ VH02 Vent HolesQty: _____ \$303

☐ S092 Solid Wood Insert\$86

☐ CM33 Crossbrace (6"x 6"x 2" std)\$170

☐ Additional Global Deepening "

☐ Shift ContourLeft: _____ "
Right: _____ "



Radius

- ☐ 1"
 ☐ 3"
 ☐ 2"
 ☐ 4" Standard

Wedge

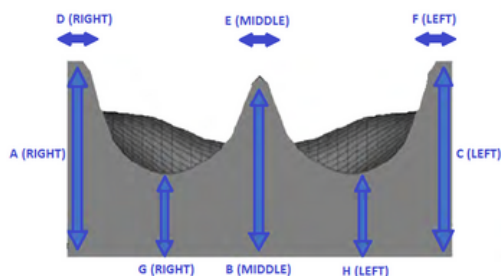
- ☐ Front to Back (for Anti-Thrust) "
 ☐ Back to Front (for Dump) "
 ☐ Left to Right (right lower obliquity) "
 ☐ Right to Left (left lower obliquity) "

Seat

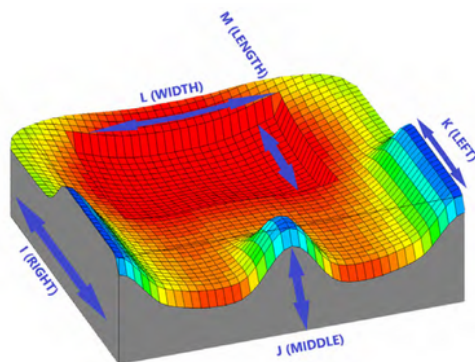
Female/Male	Dimensions
Width Size	8" to 26" (increase by 0.5" increments)
Depth Size	8" to 26" (increase by 0.5" increments)

Cushion has a minimum thickness of 1.5"

Recess changes minimum thickness to 2"



Letter	Dimension Range	Finished Dimension
A (Right)	2" to 7" (increased by increments of 0.5" each)	
B (Middle)	2" to 7" (increased by increments of 0.5" each)	
C (Left)	2" to 7" (increased by increments of 0.5" each)	
D (Right)	1" to 7" (increased by increments of 0.5" each)	
E (Middle)	1" to 7" (increased by increments of 0.5" each)	
F (Left)	1" to 7" (increased by increments of 0.5" each)	
G (Left)	2" to 7" (increased by increments of 0.5" each)	
H (Left)	2" to 7" (increased by increments of 0.5" each)	
Overlay adds additional thickness by increments of 0.5" to 1"		
If a section/sections is not filled in, cushion will be designed at Designers discretion.		



Letter	Dimension Range	Finished Dimension
I (Right)	1" to 26" (increased by increments of 0.5" each) or full length of cushion	
J (Middle)	1" to 26" (increased by increments of 0.5" each) or full length of cushion (front to back)	
K (Left)	1" to 26" (increased by increments of 0.5" each) or full length of cushion	
L (Width)	5" to 21" (increased by increments of 0.5" each)	
M (Length)	5" to 21" (increased by increments of 0.5" each)	
If a section/sections is not filled in, cushion will be designed at Designers discretion.		



Back Cushion HCPCS E2617

BACK CUSHION DIMENSIONS (SCBBC - \$2,561)

Cushion Measurements

Width ⁽¹⁾⁽²⁾: _____"

Depth ⁽¹⁾⁽²⁾: _____"

Measurement of the client prior to filling gap.
This will be your overall cushion height.

Additional

☐ SO17 Fill GapNC

Client Measurement: _____" + Gap: _____" = _____" Total Height

1. Variable from 8" to 26" Wide

2. Back cushion 21" or greater, additional \$75 cost applies

BACK CUSHION BASE FOAM OPTIONS

☐ Soft Foam

☐ Firm Foam

BACK CUSHION OVERLAY OPTIONS (OPTIONAL)

☐ VF05 1/2" Visco Foam \$333

☐ VF01 1" Visco Foam\$424

☐ SF05 1/2" Medium Density Foam\$242

☐ SF01 1" Medium Density Foam\$303

BACK CUSHION SOFT SPOT OPTIONS (OPTIONAL)

☐ CM09 Softspot - Standard FoamQty: _____\$242

Depth (1/2" - 1"): _____"

☐ CM09V Softspot - Visco FoamQty: _____ \$333

Depth (1/2" - 1"): _____"

BACK CUSHION RECESS OPTIONS (OPTIONAL)

☐ CM30 Recess OnlyQty: _____ \$333

Depth (1/2" - 2"): _____"

☐ CM30G Silicone Pad \$333

BACK CUSHION COVERING OPTIONS (MUST CHOOSE ONE - \$121)

Select Fabric Cover

☐ CMP Polartek

☐ DT-2R Startex Reversed

☐ L-14 Red Neoprene Lycra

☐ L-20 Blue Neoprene Lycra

☐ CMS Lycra

☐ L-05 Black Neoprene Lycra

☐ L-15 Teal Neoprene Lycra

☐ L-23 Green Neoprene

☐ CMD Darlexx

☐ L-06 GrayNeopreneLycra

☐ L-18 Purple Neoprene Lycra

☐ L-24 Lycra Spacer Mesh⁽¹⁾

☐ DT-2 Startex Standard

☐ L-13 Light Blue Neoprene
Lycra

☐ L-19 Burgundy Neoprene
Lycra

For 2- tone fabric selection indicate surface: Contact: _____ Non-Contact: _____

Cover Style

☐ DrawstringNC

☐ Zipper w/Velcro Bottom.....Standard

☐ 2-Piece w/Velcro bottomNC

☐ Zipper w/out Velcro BottomNC

1. Spacer Mesh is only an A-Surface option



BACK CUSHION ADDITIONAL COVERS (OPTIONAL)

Cover

☐ S015 Additional CoverQty: _____ \$255
Contact: _____ Non-Contact: _____

☐ S040 Inner Moisture Resistant Zipper Cover \$255

MONOGRAM (OPTIONAL)

☐ Include Monogram \$79

☐ Include on Additional Covers \$79

Font Style

☐ Block

☐ Cursive

Font Color

☐ White

☐ Pink

☐ Teal

☐ Blue

☐ Yellow

☐ Red

BACK CUSHION MOUNTING OPTIONS

(OPTIONAL - IF NONE SELECTED, CUSHION WILL HAVE VELCRO ON BOTTOM)

☐ SFK30 Kwik Fit Mounting shell w/ hardware⁽¹⁾⁽²⁾⁽³⁾\$420
Specify Width (Variable 12" to 24"): _____

1. KwikFit Mounting for Backs will fit between the wheelchair canes.
2. Cushion and Shell will be made 2 1/2" smaller than the wheelchair width indicated.
3. Standard KwikFit Mounted Back will have a 2" curved top.

☐ TFCS To Fit Shell⁽⁵⁾ \$92

☐ ELITE Matrix Elite Shell⁽¹⁾⁽²⁾⁽⁵⁾\$665

☐ ELITE TR Matrix Elite TR Shell⁽³⁾⁽⁴⁾⁽⁵⁾\$665

☐ ELITE PB Matrix PB Shell⁽³⁾⁽⁴⁾⁽⁵⁾\$655

1. Standard Widths: 12"-20" - Heights: 10"-20"
2. Heavy-Duty Widths: 20"-30" - Heights: 16"-20". Heavy duty shell SLP \$720.
May have to ship separately.
3. Standard Widths: 15"-20" - Heights: 14"-20"
4. Heavy-Duty Widths: 21"-24" - Heights: 16"-20". Heavy duty shell SLP \$720.
May have to ship separately.
5. The Zipper with Velcro cover is required when mounting in shell. TFCS for \$79
will be added.

BACK CUSHION MOUNTING HARDWARE OPTIONS

☐ OCMK01 1" J & L Brackets⁽¹⁾\$255

☐ OCMK78 7/8" J & L Brackets⁽¹⁾\$255

☐ HWWMK01 1" Wood Mounting Kit⁽²⁾ (Flush Mount)\$297

☐ HWWMK78 7/8" Wood Mounting Kit⁽²⁾ (Flush Mount)\$297

☐ HWPMK01 1" Pan Mounting Kit⁽³⁾ (Flush Mount)\$297

Cover Style

☐ DrawstringNC

☐ 2-Piece w/Velcro BottomNC

☐ Zipper w/Velcro Bottom.....Standard

☐ Zipper w/out Velcro BottomNC

Fabrics Allowed: DT-2, DT-2R, CMS, CMD

Inscription

10 Characters Max

☐ CM06T Wood Mount w/T-nuts..... \$339
Specify T-nut Pattern: _____ Specify Headrest Pattern: _____

☐ CM06 Wood Mount w/out T-nuts\$255

☐ TFNP New Pindot Pan \$339

☐ TFEP Existing Pindot PanNC
Specify Width: _____ " Specify Height: _____ "

☐ PERMMH Matrix Back Interface (Permobil)⁽⁶⁾\$303

☐ QUANMH Matrix Back Interface (Quantum)⁽⁶⁾\$303

☐ QUIKMH Matrix Back Interface (Quickie)⁽⁶⁾\$303

6. Available when shell is ordered: Elite, Elite TR, Elite PB

☐ HWPMK78 7/8" Pan Mounting Kit⁽³⁾ (Flush Mount)\$297

☐ FDI-596 Econo-Eze (4-point, Back)⁽²⁾\$721

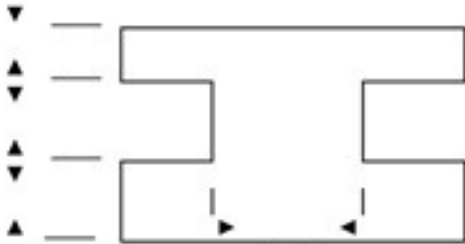
☐ OMIT Omit Hardware.....NC

☐ HWABK Adjustable Mounting Hardware\$314

1. Rail cut recommended 2. Wood mount required 3. Pan Mount Required



BACK CUSHION MODIFICATIONS

☐ CM22 Rail Cut (2" deep std) \$79	☐ S076 I-Cut..... \$92
Rail Cut Finished Width: _____"	Bottom of Cushion to First Cut: _____"
☐ Rail Cut to PinDot Pan..... \$92	Bottom of Cushion to Second Cut: _____"
☐ Rail Cut to Kwik Fit \$92	Chest Width: _____"
Height Height Height Height  Width	☐ CM20 Strap Slots 1/2" x 1 1/2" stdQty: _____ \$230 ☐ VH02 Vent HolesQty: _____ \$303 ☐ S092 Solid Wood Insert \$86

Accessories (Optional)

☐ LB07 Small Footplate (Pair)\$285	☐ TR40L Left Lap Tray Receptacle\$170
☐ LB08 Large Footplate (Pair)\$285	☐ TR40R Right Lap Tray Receptacle\$170
☐ LT06 Legrest Tops (Pair)\$285	☐ GL10 Dial Links ⁽¹⁾\$303
☐ SB05 Pelvic Belt \$55	☐ HR15 Headrest Adaptor Plate ⁽²⁾ \$55
☐ PDSLM Swing Away Lateral Supports Medium \$334	☐ SMB01 Back Mounting Hardware Kit\$145
☐ PDSLL Swing Away Lateral Supports Large \$334	☐ SMB03 Extended Mounting Bracket\$97

1. Seat angle must be > 105

2. Will not work with Freedom T-nut pattern

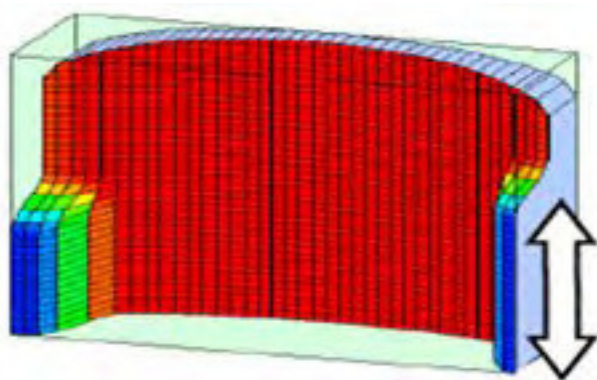


Back

Female/Male	Dimensions
Width Size	8" to 26" (increase by 0.5" increments)
Depth Size	8" to 26" (increase by 0.5" increments)

Cushion has a minimum thickness of 1.5"

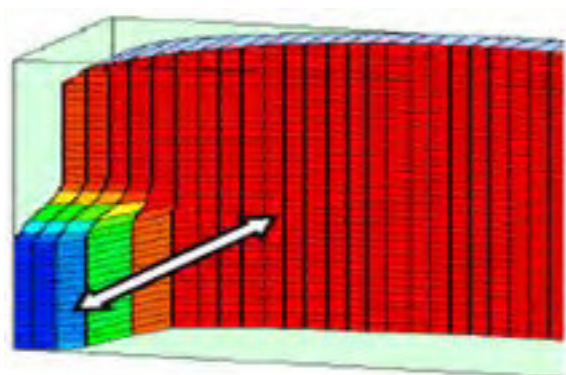
Back Shell changes minimum thickness to 2"



Trunk Lateral Height:

☐ Right: _____ " ☐ Left: _____ "

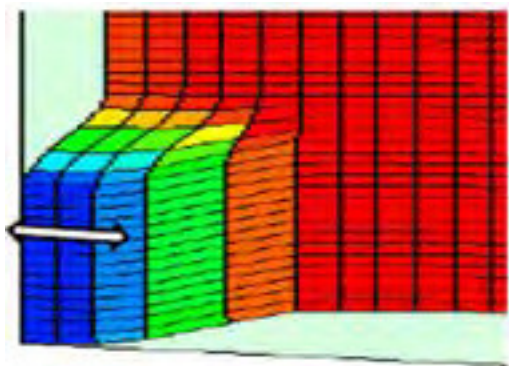
Trunk Lateral Height	
Right Side	1" to 26" (increased by increments of 0.5" each)
Left Side	1" to 26" (increased by increments of 0.5" each)
If a section/sections is not filled in, cushion will be designed at Designers discretion.	



Trunk Lateral Depth:

☐ Right: _____ " ☐ Left: _____ "

Trunk Lateral Depth	
1" to 7" (increased by increments of 0.5" each)	
Measured from the back of the cushion	
If a section/sections is not filled in, cushion will be designed at Designers discretion.	



Trunk Lateral Thickness:

☐ Right: _____ " ☐ Left: _____ "

Trunk Lateral Thickness	
1" to 26" (increased by increments of 0.5" each)	
If a section/sections is not filled in, cushion will be designed at Designers discretion.	



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