



# Silhouette<sup>®</sup> Model #s SCSC, SCBC



## 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.

For additional information please visit [www.invacare.com/eForms](http://www.invacare.com/eForms)



## Adobe Acrobat Reader DC

\* Interactive functions of our new forms work best with the latest version of Adobe Acrobat Reader DC visit <https://get.adobe.com/reader/> to download and install on your PC or Mac or visit Google Play/ iTunes to download the Adobe Acrobat Reader DC app for your device.

### Save

---

Adobe Acrobat Reader DC allows you to save this form with your content - to complete later or use as a starting point for your next form.

Please note that content must be added and saved in Acrobat - saving content from completed forms in the browser may not be possible.

### Submit

---

Adobe Acrobat Reader DC allows you to submit this form electronically via your email client.

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

### Print

---

If you do not have access to Adobe Acrobat Reader DC simply print this form and complete it by hand and fax it to our Customer Service Department at:

**800-834-4153**



# Account Information

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

Request Type:      Quote                      Order

Date: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

**Account #:** \_\_\_\_\_

**CONTACT**

Company: \_\_\_\_\_

**Name:** \_\_\_\_\_

SHIP TO

Back Up Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Email:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments: \_\_\_\_\_

Country: \_\_\_\_\_

# Clip Information

**CLIP File Name<sup>1</sup>:** \_\_\_\_\_

Data Form: Seat: Sensor SN# \_\_\_\_\_ Form # \_\_\_\_\_

Back: Sensor SN# \_\_\_\_\_ Form # \_\_\_\_\_

**Pindot Sales Rep:** \_\_\_\_\_

<sup>1</sup>CLIP file name is to be in the following format:

- 1st Initial of the first name,
- 1st three initials of the last name,
- Invacare Account #.

**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.

# Wheelchair Information

Brand: \_\_\_\_\_

**Width:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Depth:** \_\_\_\_\_

# Patient Information

Male      Width at Chest: \_\_\_\_\_

Mark For\*: \_\_\_\_\_

Female      Width at Hips: \_\_\_\_\_

\* 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 (SCSC - \$1,911)

#### Cushion Measurements

Width<sup>(1)(2)</sup>: \_\_\_\_\_ "

Depth<sup>(1)(2)</sup>: \_\_\_\_\_ "

Measured from the back of the digitizer to the place on the client's thigh where you want the cushion to end, add 1"

- 1. Variable from 8" to 26" Wide
- 2. Seat cushion 21" or greater, additional \$79 cost applies

### 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

### SEAT CUSHION SOFT SPOT OPTIONS (OPTIONAL)

CM09 Softspot - Standard Foam .....Qty: \_\_\_\_\_ .....\$242

Depth (1/2" - 1"): \_\_\_\_\_ "

CM09V Softspot - Visco Foam .....Qty: \_\_\_\_\_ .....\$333

Depth (1/2" - 1"): \_\_\_\_\_ "

CM30 Recess Only .....Qty: \_\_\_\_\_ .....\$333

Depth (1/2" - 2"): \_\_\_\_\_ "

### 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 Lycra
CMD Darlexx	L-06 Gray Neoprene Lycra	L-18 Purple Neoprene Lycra	L-24 Spacer Mesh <sup>(1)</sup>
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: \_\_\_\_\_

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



Cover Style

- Drawstring.....NC
- 2-Piece w/Velcro bottom.....NC

1. Spacer Mesh is only an A-Surface option

- Zipper w/Velcro Bottom..... Standard
- Zipper w/out Velcro Bottom.....NC

SEAT CUSHION ADDITIONAL COVERS (OPTIONAL)

Cover

- SO25 Additional Cover.....Qty: \_\_\_\_\_ \$255  
Contact: \_\_\_\_\_ Non-Contact: \_\_\_\_\_
- S040 Inner Moisture Resistant Zipper Cover..... \$255

Cover Style

- Drawstring.....NC
- 2-Piece w/Velcro bottom.....NC
- Zipper w/Velcro Bottom..... Standard
- Zipper w/out Velcro Bottom.....NC

SEAT CUSHION MOUNTING OPTIONS<sup>(1)</sup>

- 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 Pan.....NC  
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<sup>(1)</sup>..... \$255
- OCMK78 7/8" J & L Brackets<sup>(1)</sup>..... \$255
- HWWMK01 1" Wood Mounting Kit<sup>(2)</sup> (Flush Mount).....\$297
- HWWMK78 7/8" Wood Mounting Kit<sup>(2)</sup> (Flush Mount)..... \$297
- HWPMK01 1" Pan Mounting Kit<sup>(3)</sup> (Flush Mount).....\$297

- HWPMK78 7/8" Pan Mounting Kit<sup>(3)</sup> (Flush Mount)..... \$297
- FDI-538 Econo-Eze Kit (Seat & Back)<sup>(2)</sup>.....\$846
- OMIT Omit Hardware.....NC

- 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 Notches.....Qty: \_\_\_\_\_ \$134

- CM20 Strap Slots 1/2" x 1 1/2" std.....Qty: \_\_\_\_\_ \$230
- VH02 Vent Holes.....Qty: \_\_\_\_\_ \$303
- S092 Solid Wood Insert.....\$86
- CM33 Crossbrace (6"x 6"x 2" std)..... \$170



Yes, you can.



Silhouette® Model #s SCSC, SCBC

# Back Cushion HCPCS E2617

## BACK CUSHION DIMENSIONS (SCBC - \$1,911)

### Cushion Measurements

Width<sup>(1)(2)</sup>: \_\_\_\_\_ "

Depth<sup>(1)(2)</sup>: \_\_\_\_\_ "

Measured from the grid on Back Shape Sensor prior to filling gap.  
If no gap, this will be your overall cushion height.

### Additional

SO17 Fill Gap .....NC

Sensor Grid: \_\_\_\_\_ " + Gap: \_\_\_\_\_ " = \_\_\_\_\_ " Total Height

1. Variable from 8" to 26" Wide
2. Back cushion 21" or greater, additional \$79 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 Foam .....Qty: \_\_\_\_\_ .....\$242

Depth (1/2" - 1"): \_\_\_\_\_ "

CM09V Softspot - Visco Foam .....Qty: \_\_\_\_\_ ..... \$333

Depth (1/2" - 1"): \_\_\_\_\_ "

## BACK CUSHION RECESS OPTIONS (OPTIONAL)

CM30 Recess Only .....Qty: \_\_\_\_\_ ..... \$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 Lycra

CMD Darlexx

L-06 Gray Neoprene Lycra

L-18 Purple Neoprene Lycra

L-24 Spacer Mesh<sup>(1)</sup>

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

Drawstring .....NC

Zipper w/Velcro Bottom ..... Standard

2-Piece w/Velcro bottom .....NC

Zipper w/out Velcro Bottom .....NC

1. Spacer Mesh is only an A-Surface option



### BACK CUSHION ADDITIONAL COVERS (OPTIONAL)

- Cover
- S015 Additional Cover .....Qty: \_\_\_\_\_ \$255  
Contact: \_\_\_\_\_ Non-Contact: \_\_\_\_\_
  - S040 Inner Moisture Resistant Zipper Cover ..... \$255

- Cover Style
- Drawstring .....NC
  - 2-Piece w/Velcro Bottom .....NC
  - Zipper w/Velcro Bottom ..... Standard
  - Zipper w/out Velcro Bottom .....NC

### MONOGRAM (OPTIONAL)

- Include Monogram ..... \$79
- Include on Additional Covers ..... \$79

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

Font Style	Font Color	
Block	White	Blue
		Yellow
Cursive	Pink	Red
	Teal	

Inscription  
 \_\_\_\_\_  
 10 Characters Max

### BACK CUSHION MOUNTING OPTIONS

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

- SFK30 Kwik Fit Mounting shell w/ hardware<sup>(1)(2)(3)</sup> .....\$420  
Specify Width (Variable 12" to 24"): \_\_\_\_\_"

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

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<sup>(5)</sup> ..... \$92
- ELITE Matrix Elite Shell<sup>(1)(2)(5)</sup> .....\$655
- ELITE TR Matrix Elite TR Shell<sup>(3)(4)(5)</sup> .....\$655
- ELITE PB Matrix PB Shell<sup>(3)(4)(5)</sup> .....\$655

- CM06 Wood Mount w/out T-nuts .....\$339
- TFNP New Pindot Pan ..... \$339
- TFEP Existing Pindot Pan .....NC  
Specify Width: \_\_\_\_\_" Specify Height: \_\_\_\_\_"
- PERMMH Matrix Back Interface (Permobil)<sup>(6)</sup> .....\$303
- QUANMH Matrix Back Interface (Quantum)<sup>(6)</sup> .....\$303
- QUIKMH Matrix Back Interface (Quickie)<sup>(6)</sup> .....\$303

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.

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

### BACK CUSHION MOUNTING HARDWARE OPTIONS

OCMK01 1" J & L Brackets <sup>(1)</sup> .....	\$255	HWPMK78 7/8" Pan Mounting Kit <sup>(3)</sup> (Flush Mount) .....	\$297
OCMK78 7/8" J & L Brackets <sup>(1)</sup> .....	\$255	FDI-596 Econo-Eze (4-point, Back) <sup>(2)</sup> .....	\$721
HWWMK01 1" Wood Mounting Kit <sup>(2)</sup> (Flush Mount).....	\$297	OMIT Omit Hardware.....	NC
HWWMK78 7/8" Wood Mounting Kit <sup>(2)</sup> (Flush Mount) .....	\$297	HWABK Adjustable Mounting Hardware .....	\$314
HWPMK01 1" Pan Mounting Kit <sup>(3)</sup> (Flush Mount) .....	\$297		

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

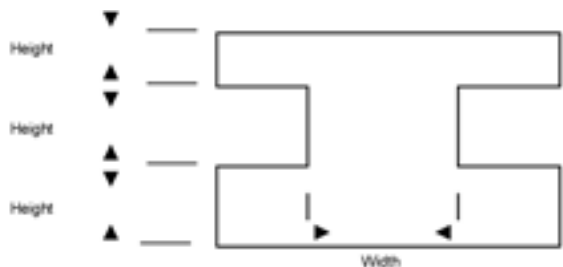
### BACK CUSHION MODIFICATIONS

CM22 Rail Cut (2" deep std)..... NC

Rail Cut Finished Width: \_\_\_\_\_"

Rail Cut to PinDot Pan..... \$92

Rail Cut to Kwik Fit .....



S076 I-Cut..... \$92

Bottom of Cushion to First Cut: \_\_\_\_\_"

Bottom of Cushion to Second Cut: \_\_\_\_\_"

Chest Width: \_\_\_\_\_"

CM20 Strap Slots 1/2" x 1 1/2" std .....Qty: \_\_\_\_\_ \$230

VH02 Vent Holes .....Qty: \_\_\_\_\_ \$303

S092 Solid Wood Insert..... \$86

### EXTENDED TRUNK LATERAL HEIGHT

Right....."

Left ....."

### EXTENDED LATERAL DEPTH<sup>(1)</sup>

Right....."

Left ....."

1. Max Depth is 5.5"

### EXTENDED LATERAL THICKNESS

Right....."

Left ....."

## 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 <sup>(1)</sup> .....	\$303
SB05 Pelvic Belt .....	\$55	HR15 Headrest Adaptor Plate <sup>(2)</sup> .....	\$55
PDSL M Swing Away Lateral Supports Medium .....	\$334	SMB01 Back Mounting Hardware Kit.....	\$145
PDSL L 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



## Adobe Acrobat Reader DC

\* Interactive functions of our new forms work best with the latest version of Adobe Acrobat Reader DC visit <https://get.adobe.com/reader/> to download and install on your PC or Mac or visit Google Play/ iTunes to download the Adobe Acrobat Reader DC app for your device.

---

### Save

Adobe Acrobat Reader DC allows you to save this form with your content - to complete later or use as a starting point for your next form.

Please note that content must be added and saved in Acrobat - saving content from completed forms in the browser may not be possible.

---

### Submit

Adobe Acrobat Reader DC allows you to submit this form electronically via your email client.

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

---

### Print

If you do not have access to Adobe Acrobat Reader DC simply print this form and complete it by hand and fax it to our Customer Service Department at:

**800-834-4153**