

PER4MAX SHOCKWAVE

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Email: _____

Date: _____ SSN# : _____ - _____ - _____
 Age: _____ Weight (lbs.): _____ Height: _____' _____"
 Disability: _____
 Tel #: () _____ - _____ (Home or Work)
 Other Info: _____

FRAME SPECIFICATION

Model

SHOCKWAVE Retail: \$ 3295

1) Seat Width

- 12" 13" 14" 15" 16" 17" 18"
 Other _____ (Add \$250)

2) Seat Depth

- 12" 13" 14" 15" 16" 17" 18"
 Other _____

2a) Total Length _____"

3) Front Style (front end)

- "Y" Style NC
 "V" Style(requires a rotating footrest) \$ 210

4) Rear Seat Height

- 16" 17" 18" 19" 20" 21"

5) Front Seat Height

- 16" 17" 18" 19" 20" 21"

6) Backrest Height

- 10" 12" 14" 16" Other: _____"
 Back Height Adj. : From _____" to _____" \$ 80

7) Back Angle

- 0° 3° 5° Other: _____°

8) Foot Width

- 8" 9" 10" 11" Other: _____"

9) Lower Leg Length _____" (16", 17", etc.)

10) Backrest To Center Axle

- 0" 1" 2" 3" Other: _____"

11) Center Axle To Caster Housing

- 14" 15" 16" 17" Other: _____"

12) Caster Housing To Front Foot Plate

- 3" 4" 5" 6" Other: _____"

13) Center of Caster to Caster

- 12" 14" 16" 18" Other: _____"

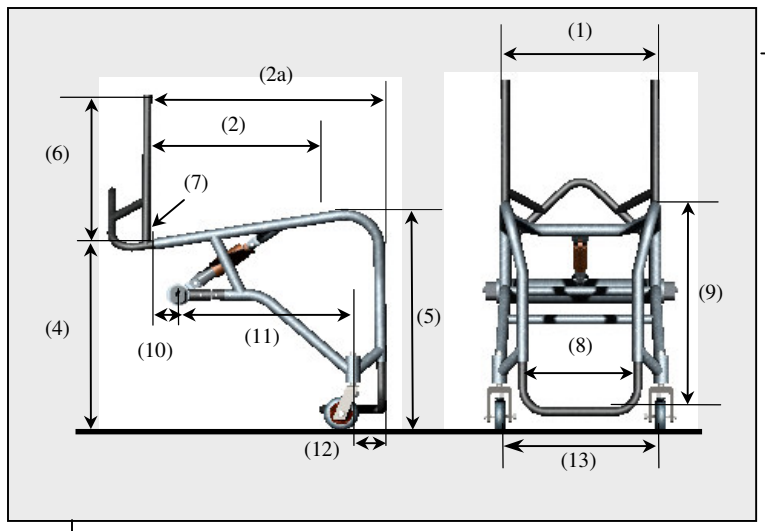
14) Side Wheel Clearance

- 1/2" 1" 1 1/2" 2"

15) Camber Angle

- 0° 3° 6° Other: _____°
 Extra: _____° (Add \$195)

Notes:



*Effective: April 2007 Rev A.

Pricing and specifications are subject to change without notice

Customer Services: Telephone: 972-641-6773 Facsimile: 972-623-0585	PER4MAX MEDICAL www.per4max.com Page 1 of 2	612 N. Great Southwest Pkwy Arlington, TX 76011
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