

Cash Insurance
 Grant VA _____

PER4MAX SHOCKWAVE

Rep.: _____
 Event: _____

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

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

FRAME SPECIFICATION

Model

SHOCKWAVE (K0005) Retail: \$ 4,095

- 7000 Series.....Add \$400
- 5/8 Axle.....Add \$100
- Sky Shock.....Add \$200

1) **Seat Width** (E2201- WIDTH 20-24")

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

2) **Seat Depth** (E2203- DEPTH 20-22")

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

3) **Total Length** _____"

4) **Rear Seat Height**

15" 16" 17" 18" 19" 20"

5) **Front Seat Height**

15" 16" 17" 18" 19" 20"

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**

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: _____"

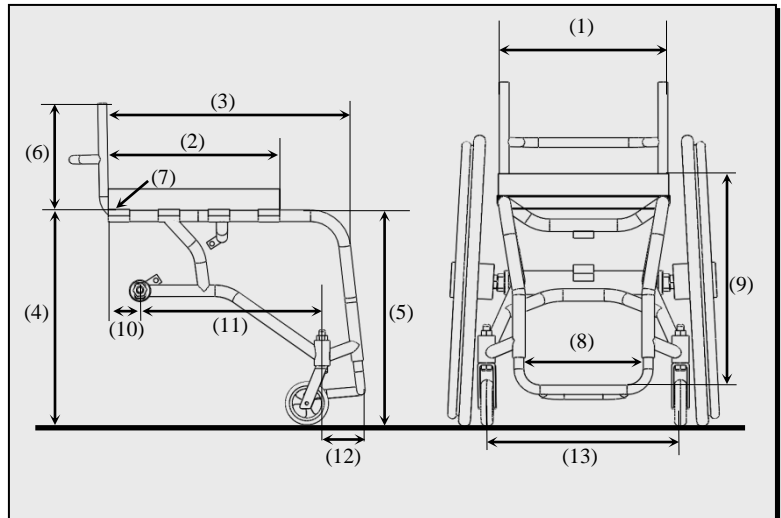
14) **Side Wheel Clearance**

1/2" 1" 1 1/2"

15) **Camber Angle**

0° 2° 3°

Notes:



*Effective: January 2021

Pricing and specifications are subject to change without notice

Customer Service:
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PER4MAX MEDICAL
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