

ORDER



Invoicing Details	
Company name:	_____
Delivery date required:	___ / ___ / ___
Delivery address:	_____
P. Code:	_____ Town: _____
Tel.:	_____ Fax: _____
Order #:	_____ Date of the order: ___ / ___ / ___

Shipping Details
Ship to: _____ _____ _____
CUSTOMER STAMP AND SIGNATURE

Each model includes as standard: aluminium shell, mounting hardware, kit of inserts, pads, cover.

Pro Medicare Srl warrants the devices functionality for a maximum period of **24 months**, covering all manufacturing defects from the first commissioning and **12 months** on covers and wear parts. The warranty is valid if the device is used as indicated within the instruction manual.

Note: Any request for variation in dimensions, materials and type compared to the standard defined for the specific user does not have CE marking, therefore the professional user becomes the manufacturer and has the obligation to draw up the technical documentation of the device.

Images are purely illustrative and may not fully reflect reality.




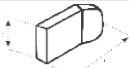

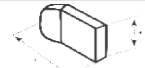
Registered Design	Max load kg 136
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PLEASE INDICATE THE NUMBER OF PIECES IN THE BOXES WHERE REQUIRED

SUPPORTO Back									
	Paediatric			Adult				Quantity	Price
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Model	3033	3336	3640	3944	4248	4550	4852		
Width x Height (cm)	30x33	33x36	36x40	39x44	42x48	44x50	48x52		
N° of pieces									
<i>TOT.</i>									
Backrest Technical Information							Patients Measures		
Size (cm)	Shell Height (cm)	Shell effective width (cm)	Mounting on wheelchair size (outside tubes) (cm)	Reclination (°)	Rotation (°)	Trunk width with thoracic support (cm)			
30x33	33	27	da 27 a 33	-12 a +12	-5 a +5	17-23			
33x36	36	30	da 30 a 36			20-26			
36x40	40	33	da 33 a 39			23-29			
39x44	44	36	da 36 a 42			26-34			
42x48	48	39	da 39 a 45			29-37			
45x50	50	42	da 42 a 48			32-40			
48x52	52	45	da 45 a 51			35-43			
Tubes diameter for mounting: from 19mm up to 25mm and from 3/4" up to 1"									

ACCESSORIES

THORACIC SUPPORT (Please indicate pad, side, size, quantity and bracket)

LEFT SIDE PAD (expressed in cm)						RIGHT SIDE PAD (expressed in cm)					
FLAT			CONTOURED			FLAT			CONTOURED		
											
Sizes	Quantity	Price	Sizes	Quantity	Price	Sizes	Quantity	Price	Sizes	Quantity	Price
<input type="checkbox"/> 6x6,5			<input type="checkbox"/> 6x10,5			<input type="checkbox"/> 6x6,5			<input type="checkbox"/> 6x10,5		
<input type="checkbox"/> 8x8,5			<input type="checkbox"/> 8x12,5			<input type="checkbox"/> 8x8,5			<input type="checkbox"/> 8x12,5		
<input type="checkbox"/> 10x10,5			<input type="checkbox"/> 10x14,5			<input type="checkbox"/> 10x10,5			<input type="checkbox"/> 10x14,5		
<input type="checkbox"/> 12x13,5			<input type="checkbox"/> 12x17,5			<input type="checkbox"/> 12x13,5			<input type="checkbox"/> 12x17,5		
<input type="checkbox"/> 12x16,5						<input type="checkbox"/> 12x16,5					
TOTAL			TOTAL			TOTAL			TOTAL		

To order the type and quantity of the brackets, please create the code# by referring to the table below.
(i.e. PMD S 1S30 n° 2 pieces stays for: 2 fixed bracket, left side, for backrest size 30)

	Type of bracket	Side	Backrest Width	Code	Quantity
PMD S	<input type="checkbox"/> 1 (fixed)	<input type="checkbox"/> S (L-Left)	<input type="checkbox"/> 30		
			<input type="checkbox"/> 33		
	<input type="checkbox"/> 3 (swing-away)	<input type="checkbox"/> D (R-Right)	<input type="checkbox"/> 36		
			<input type="checkbox"/> 39		
			<input type="checkbox"/> 42		
			<input type="checkbox"/> 45		
			<input type="checkbox"/> 48		

FIXATIS HARNESES

DYNAMIC BUTTERFLY HARNESS			TRUNK HARNESS WITH ELASTIC SHOULDER RETRACTORS AND CHEST BUCKLE CLOSURE			CHEST HARNESS WITH SHOULDERS RETRACTION PADS		
Sizes	Q.ty	Price	Sizes	Q.ty	Price	Sizes	Q.ty	Price
<input type="checkbox"/> extra small (paediatric)			<input type="checkbox"/> extra small (paediatric)			<input type="checkbox"/> small (teenagers)		
<input type="checkbox"/> small (teenagers)			<input type="checkbox"/> small (teenagers)			<input type="checkbox"/> medium (teenagers/adults)		
<input type="checkbox"/> medium (teenagers/adults)			<input type="checkbox"/> medium (teenagers/adults)			<input type="checkbox"/> large (adults)		
<input type="checkbox"/> large (adults)			<input type="checkbox"/> large (adults)					
TOTAL			TOTAL			TOTAL		

CAPITIS HEADREST (please indicate the size of the backrest if the mounting plate for Capitis w/horizontal adjustment is chosen)

CAPITIS CONFORT			CAPITIS ANATOMICO			MOUNTING PLATE FOR CAPITIS HEADREST W/HORIZONTAL ADJUSTMENT		
Sizes	Q.ty	Price	Sizes	Q.ty	Price	<input type="checkbox"/> SELECT IF NEEDED	Q.ty	
<input type="checkbox"/> small			<input type="checkbox"/> extra small					
<input type="checkbox"/> medium			<input type="checkbox"/> small					
<input type="checkbox"/> large			<input type="checkbox"/> medium					
TOTAL			TOTAL					
			<input type="checkbox"/> large					
			TOTAL					

Backrest Size.....

UNIVERSAL PLATE HEADREST		
<input type="checkbox"/> SELECT IF NEEDED	Q.ty	

SPARE PARTS

COVER	<input type="checkbox"/> SELECT IF NEEDED	Backrest Size.....
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