

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.

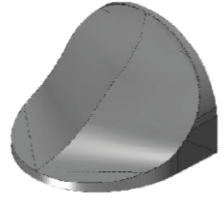
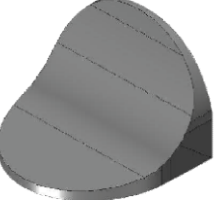
Pro Medicare Srl warrants the devices functionality for a maximum period of **24 months**, covering all manufacturing defects from the first commissioning and **12 months** on covers and wear parts. The warranty is valid if the device is used as indicated within the instruction manual.

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.

		 		
<input type="checkbox"/>		Max load kg 136	<input type="checkbox"/>	
Registered Design			Registered Design	

PLEASE INDICATE THE NUMBER OF PIECES IN THE BOXES WHERE REQUIRED

EFFECTO LATO Back and EFFECTO PLUS Back										
Model	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"/>	<input type="checkbox"/>		
3033	3338	3642	3945	4245	4250	4550	4855			
Width x Height (cm)	30x33	33x38	36x42	39x45	42x45	42x50	45x50	48x55		
EFFECTO LATO (N° pieces)										
EFFECTO PLUS (N° pieces)										
TYPE OF INSERT										
Lumbar pushing insert 	◇ 2 of pushing	◇ 2 of pushing	◇ 2 of pushing	◇ 2 of pushing	◇ 2 of pushing	◇ 2 of pushing	◇ 2 of pushing	◇ 2 of pushing		
Lumbar containment insert 	○ 2 of containm.	○ 2 of containm.	○ 2 of containm.	○ 2 of containm.	○ 2 of containm.	○ 2 of containm.	○ 2 of containm.	○ 2 of containm.		
	○ 1 of containm.	○ 1 of containm.	○ 1 of containm.	○ 1 of containm.	○ 1 of containm.	○ 1 of containm.	○ 1 of containm.	○ 1 of containm.		
	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH		
	+ 1 of pushing	+ 1 of pushing	+ 1 of pushing	+ 1 of pushing	+ 1 of pushing	+ 1 of pushing	+ 1 of pushing	+ 1 of pushing		
	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> RH <input type="checkbox"/> LH		
TOT.										

◇ = Standard ○ = Optional without up-charge

Backrest Technical Information					Patients Measures	
Size (cm)	Shell Height (cm)	Mounting on wheelchair size (outside tubes) (cm)	Reclination (°)	Rotation (°)	Trunk width with thoracic support (cm)*	
30x33	33	from 27 up to 33	-7 a +7	-5 a +5	13-23	w/bracket "B"
33x38	38	from 30 up to 36			18-28	w/bracket "A"
36x42	42	from 33 up to 39			16-26	w/bracket "B"
39x45	45	from 36 up to 42			21-31	w/bracket "A"
42x45	45	from 39 up to 45			19-29	w/bracket "B"
42x50	50	from 39 up to 45			24-34	w/bracket "A"
45x50	50	from 42 up to 48			22-32	w/bracket "B"
48x55	55	from 45 up to 51			27-37	w/bracket "A"
					25-35	w/bracket "B"
					30-40	w/bracket "A"
			25-35	w/bracket "B"		
			30-40	w/bracket "A"		
			28-38	w/bracket "B"		
			33-43	w/bracket "A"		
			31-41	w/bracket "B"		
			36-46	w/bracket "A"		

Tubes diameter for mounting: from 19mm up to 25mm and from 3/4" up to 1" *valid for Effecto Lato Back only

ACCESSORIES

THORACIC SUPPORT (Please indicate pad, side, size, quantity and bracket) "for Effecto Lato back only"

THORACIC SUPPORTS LINEAR PAD (expressed in cm)					
FLAT			CONTOURED		
(indicate the quantity)			(indicate the quantity)		
Sizes	Right	Left	Sizes	Right	Left
<input type="checkbox"/> 6x8			<input type="checkbox"/> 6x12		
<input type="checkbox"/> 8x10			<input type="checkbox"/> 8x14		
<input type="checkbox"/> 10x12			<input type="checkbox"/> 10x16		
<input type="checkbox"/> 12x15			<input type="checkbox"/> 12x19		
<input type="checkbox"/> 12x18					

THORACIC SUPPORTS ARMPIT CUT PAD (expressed in cm)					
FLAT			CONTOURED		
(indicate the quantity)			(indicate the quantity)		
Sizes	Right	Left	Sizes	Right	Left
<input type="checkbox"/> 8x10			<input type="checkbox"/> 8x14		
<input type="checkbox"/> 10x12			<input type="checkbox"/> 10x16		
<input type="checkbox"/> 12x15			<input type="checkbox"/> 12x19		
<input type="checkbox"/> 12x18					

To order the type and quantity of the brackets, please create the code# by referring to the table below.
(i.e. PMD E 1AS30 n° 2 pieces stays for: 2 fixed brackets "A" type, left side, for backrest size 30)

	Type of bracket	Bracket shape	Side	Backrest Width	Code	Quantity
PMD E	<input type="checkbox"/> 1 (Fixed)	<input type="checkbox"/> A (L shaped)	<input type="checkbox"/> S (L-Left)	<input type="checkbox"/> 30		
	<input type="checkbox"/> 2 (Detachable)			<input type="checkbox"/> 33		
	<input type="checkbox"/> 3 (Swing-away)	<input type="checkbox"/> B (from 2.5cm offset)	<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		
Sizes	Qty	Price
<input type="checkbox"/> extra small (paediatric)		
<input type="checkbox"/> small (teenagers)		
<input type="checkbox"/> medium (teenagers/adults)		
<input type="checkbox"/> large (adults)		
TOT.		

TRUNK HARNESS WITH ELASTIC SHOULDER RETRACTORS AND CHEST BUCKLE CLOSURE		
Sizes	Qty	Price
<input type="checkbox"/> extra small (paediatric)		
<input type="checkbox"/> small (teenagers)		
<input type="checkbox"/> medium (teenagers/adults)		
<input type="checkbox"/> large (adults)		
TOT.		

CHEST HARNESS WITH SHOULDERS RETRACTION PADS		
Sizes	Qty	Price
<input type="checkbox"/> small (teenagers)		
<input type="checkbox"/> medium (teenagers/adults)		
<input type="checkbox"/> large (adults)		
TOT.		

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

CAPITIS CONFORT		
Sizes	Qty	Price
<input type="checkbox"/> small		
<input type="checkbox"/> medium		
<input type="checkbox"/> large		
<i>TOT.</i>		

CAPITIS ANATOMICO		
Sizes	Qty	Price
<input type="checkbox"/> extra small		
<input type="checkbox"/> small		
<input type="checkbox"/> medium		
<input type="checkbox"/> large		
<i>TOT.</i>		

MOUNTING PLATE FOR CAPITIS HEADREST W/HORIZONTAL ADJUSTMENT		
<input type="checkbox"/> SELECT IF NEEDED	Qty	
		Backrest Size.....

UNIVERSAL PLATE HEADREST		
<input type="checkbox"/> SELECT IF NEEDED	Qty	

SPARE PARTS

COVER	<input type="checkbox"/> EFFECTO LATO Backrest Size.....	<input type="checkbox"/> EFFECTO LATO Backrest Size.....
--------------	---	---