

SofTech Seating System Order Form

Billing Information:

Product information

SofTech is a completely self-contained system with the electronics built into the cushion, rather than in a separate controller like our popular APK2 cushion system. Like the APK2, the SofTech seating system is designed to prevent and treat pressure ulcers while stimulating circulation. The SofTech seating system is \$4,300.
 HCPCS Code: E2609

Bill to name	
Street Address	
City, State, Zip	
Credit Card #	_____ - _____ - _____ - _____
Expiration Date	____ / ____
Security Code	
Telephone	
Email	

Aquila does not bill insurance.

SofTech Seating System contains:

- ❖ The custom cushion, built and programmed specifically for each client
- ❖ Cushion cover
- ❖ Smart Charger
- ❖ The remote control to operate your system

Shipping Information:

- Same as Billing Information
 Check if Residential

Ship to name	
Street Address	
City, State, Zip	
Telephone	
Email	

CUSHION SIZE:

What size cushion are you ordering? _____ inches (wide) X _____ inches (deep).

OPTIONAL ACCESSORIES: (Additional Fees Apply)

- | | |
|---|---|
| *Positioning Pad <input type="checkbox"/> | *Moisture Control Unit <input type="checkbox"/> |
| *Wheelchair Backpack <input type="checkbox"/> | *Lumbar Cushion <input type="checkbox"/> |
| *Full Alternating Back Pad <input type="checkbox"/> | |

*Please indicate if you would like any additional covers.

- Extra regular cushion cover _____ (quantity) Extra incontinent cushion cover _____ (quantity)

⚡ Incontinent cushion covers do not work with the moisture control unit ⚡

Would you like to purchase a
 1-year extended warranty for
 \$250?
 Yes No

CLIENT INFORMATION: (This information is necessary to design a system specifically to your needs)

Client Name: _____

Date of Birth: ____/____/____

Client Weight: _____ Lbs. Client height: ____' ____" Diagnosis: _____

Do you have any sores now? Yes No

**If yes, please complete the pressure sore location and information section on page 3.*

Have you had a flap surgery? Yes No Are you scheduled for flap surgery? Date ____/____/____

Will the cushion sit directly on a metal seat pan? Yes No

Do you have prominent ischial bones? Yes No

Does your wheelchair have stand-up capabilities? Yes No

Does your wheelchair tilt? Yes No

If yes, what percentage of the time are you in tilt? _____%

Do you have sensation in your posterior area? Yes No Some

Additional information on your condition or sores. _____

↻ Any Information Provided to Aquila Corporation will be kept confidential ↻

Current cushion information:

Your current cushion size: ____ inches (wide) X ____ inches (deep)

What kind of cushion are you currently using? _____

Wheelchair information:

Between arm rests (width of seat pan) ____ inches wide X front to back (depth of seat pan) ____ deep

How did you hear about Aquila and our SofTech Seating System?

Magazine Advertisement (Name of magazine: _____)

Website Advertisement (Name of Website: _____)

Web Search

Referral from Clinician

Recommendation from Family/Friend

Trade Show

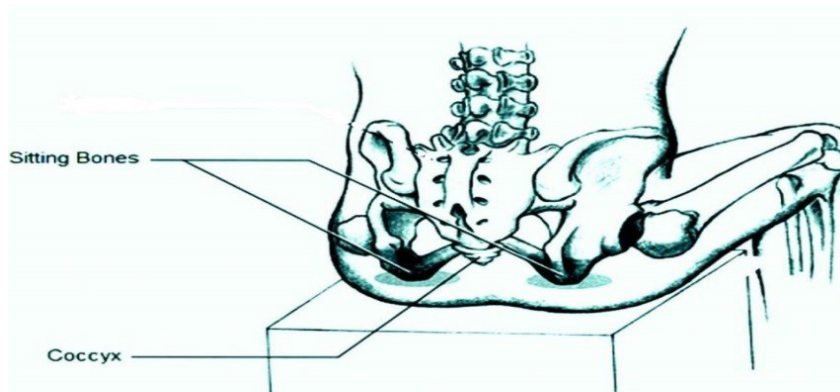
Pressure sore location and information:

- Sore A Stage: _____ Size: _____ cm (length) _____ cm (width)
- Sore B Stage: _____ Size: _____ cm (length) _____ cm (width)
- Sore C Stage: _____ Size: _____ cm (length) _____ cm (width)
- Sore D Stage: _____ Size: _____ cm (length) _____ cm (width)

*****If you have had a recent Flap Surgery, mark the location with an F.**

*****If you have areas of sensitivity, mark the location with an S.**

ADDITIONAL INFORMATION:



Providing exact location of your sores in relation to your cushion is very helpful. For example, how many inches from the right or left of the cushion and how many inches from the front or rear of the cushion is the center of your sore? Please list measurements for each sore.

ADVISORY NOTE:

**** Please be advised that healing may occur very quickly. Please limit your sitting time and gradually increase sitting time as advised by your physician. Tissue health is the responsibility of each individual. It is also up to the client to have skin inspected at least once a day for any signs of redness or changes to the skin. ****

***30 day return policy minus 20% restocking fee from the day delivered.*
All international sales are final.**

Signature and Date: _____

(NOT VALID WITHOUT SIGNATURE AND DATE)