

**BILLING INFORMATION**

\_\_\_\_\_  
 Bill to Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Telephone                      Fax

\_\_\_\_\_  
 Email

**SHIPPING INFORMATION**

Same as Billing Information     Check if Residential Address

\_\_\_\_\_  
 Ship to Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Telephone

Please ensure the order form has thoroughly completed and signed, thank you.

**THE SYSTEM INCLUDES:**

- Custom made cushion
- Cushion cover
- Control box powered by an internal lithium ion battery
- Control box cover
- Smart charger
- Tube sleeve

**PAYMENT INFORMATION**

Name on card: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

☞ **Aquila does not bill to insurance companies** ☜

- Complete System** \$3,900.00
- Cushion Only** \$670.00 (To order a cushion only, you need to already own our APK2 controller)

**CUSHION SIZE:** (Order only in whole inches) \_\_\_\_\_ inches (wide) X \_\_\_\_\_ inches (deep)

**OPTIONAL ACCESSORIES:**      *Additional fees apply*

- Wireless Remote Control**       **Moisture Control Unit (MCU)**
- Pelvic Positioning Pad**           **Hand-inflated Lumbar Cushion**
- Wheelchair Back Pack**

Purchase a 1-year  
 extended  
 Warranty for \$250?  
 Yes  No

(Each cushion includes one 4-way stretch breathable cover)      \* Please indicate if you would like any **additional** covers.

- Extra 4-way stretch breathable cushion cover:** \_\_\_\_\_ (quantity)     **Incontinence cushion cover:** \_\_\_\_\_ (quantity)

☞ **Incontinence cushion covers do not work with the moisture control unit** ☜

**CLIENT INFORMATION:**      *This information is necessary to design a system specifically to your needs.*

1. Client Name: \_\_\_\_\_ Age: \_\_\_\_\_
  2. Client Weight: \_\_\_\_\_ Lbs. Client Height: \_\_\_\_\_' \_\_\_\_\_" Diagnosis: \_\_\_\_\_
  3. Do you have any sores now? Yes  No  \* *If yes, please complete the pressure sore location and information section on pg 2.*
  4. Have you had flap surgery or is flap surgery scheduled for the near future? Yes  No  Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  5. Do you have prominent ischial bones? Yes  No
  6. Do you have sensation in your posterior area? Full  Some  None
  7. Does your wheelchair have stand-up capabilities? Yes  No
  8. Does your wheelchair tilt? Yes  No   
 If yes, what percentage of the time are you spent in tilt? \_\_\_\_\_
  9. Will your cushion be placed directly on a metal seat pan? Yes  No
- \* Additional information about your condition or sores? \_\_\_\_\_

Any Information provided to  
 Aquila Corporation  
 will be kept confidential

# Detailed measurements for custom fabricating APK2 Cushion System:

## CURRENT CUSHION DATA:

1. Your current cushion size: \_\_\_\_\_ inches (wide) X \_\_\_\_\_ inches (deep)
2. What kind of cushion are you currently using? \_\_\_\_\_
3. Wheelchair seat area measurements:  
Between arm rests (width of seat pan) \_\_\_\_\_ inches  
Front to back (depth of seat pan) \_\_\_\_\_ inches

## PRESSURE SORE LOCATION AND INFORMATION:

Mark the sore locations (A, B, etc.) on the diagram and indicate the stage and size of each sore.

- 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)

**\*\*Providing exact location of your sores in relation to your cushion is extremely 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.\*\***

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**\* If you have had a recent Flap Surgery, mark the location with an F. \* Mark area of sensitivity with an S \***

Additional comments/concerns: \_\_\_\_\_

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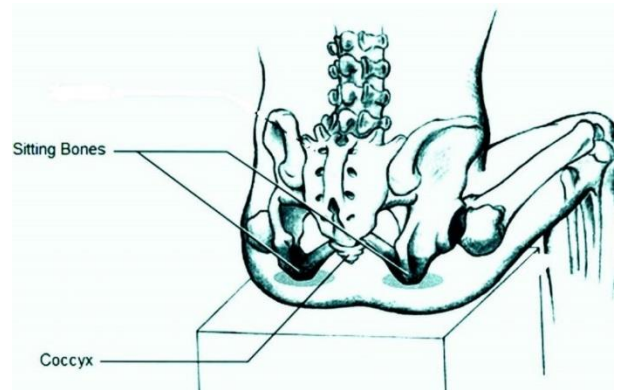
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### **How did you hear about Aquila and our APK2 Cushion System?**

- Magazine Advertisement (Name of magazine: \_\_\_\_\_)
- Website Advertisement (Name of the website: \_\_\_\_\_)
- Web Search     Referral from clinician     Recommendation from family or friend     Trade show or presentation

#### **⌘ Advisory Notice ⌘**

- Please be advised that healing may occur very quickly. Please limit your sitting time and gradually increase your sitting time as advised by your physician.
- Tissue health is the responsibility of each individual. It is also up to each individual to inspect their skin at least once daily for any signs of redness of the skin or changes in any existing sores, and take appropriate action.
- All international sales are final

*30 day Return policy*

*Thank you!*

*20% Restocking Fee of total*

Signature (NOT VALID WITHOUT SIGNATURE)

Date

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