

3827 Creekside Lane Holmen, WI 54636

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 been thoroughly completed and signed, thank you.

THE SYSTEM INCLUDES:

- Custom made cushion with cover
- Control box with cover
- Smart charger

I am ordering (please check one of the following):

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

PAYMENT INFORMATION

Name on card: _____

Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Security Code: _____

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

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

Each cushion includes choice of either one 4-way stretch breathable cover or incontinent cover.

* Please indicate your preference: 4-way stretch breathable Incontinent

OPTIONAL ACCESSORIES: *Additional fees apply*

- | | |
|---|--|
| <input type="checkbox"/> Pelvic Positioning Pad (\$85.00) | <input type="checkbox"/> Hand-inflated Lumbar Cushion (\$180.00) |
| <input type="checkbox"/> Moisture Control Unit (MCU) (\$225.00) | <input type="checkbox"/> 1-year extended warranty for \$350.00 |

Would like any additional covers: ☞ Incontinence cushion covers do not work with the moisture control unit ☞

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

CLIENT INFORMATION:

1. Client Name: _____ Age: _____ Client Weight: _____ Lbs.

Diagnosis: _____

2. Do you have any sores now? Yes No *If yes, you must complete the pressure sore location and information section on pg 2.

3. Have you had flap surgery or is flap surgery scheduled for the near future? Yes No Date: _____ / _____ / _____

4. Do you have prominent ischial bones? Yes No

5. Do you have sensation in your posterior area? Full Some None

6. Does your wheelchair tilt? Yes No

7. Will your cushion be placed directly on a metal seat pan? Yes No

8. Do you have a severe lean to either side? Left Right No

9. Do you sit with your ischial bones equally distant from the front/rear of the cushion? Yes No

If no, please provide measurements of each ischial bone in relation to the front/rear of the cushion:

 Otherwise, please provide photos of the client sitting in their wheelchair to show their positioning.

Detailed measurements for custom fabricating APK2 Cushion System:

CURRENT CUSHION DATA:

1. What kind of cushion are you currently using? _____

PRESSURE SORE LOCATION AND INFORMATION:

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

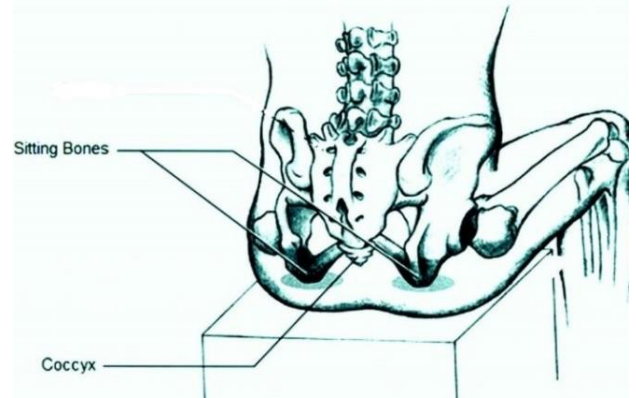
- Sore A Stage: _____ Size: _____ cm (length) _____ cm (width)
- Sore B Stage: _____ Size: _____ cm (length) _____ cm (width)
- Sore C Stage: _____ Size: _____ cm (length) _____ cm (width)
- Sore D Stage: _____ Size: _____ cm (length) _____ cm (width)

****Providing exact location of your sores in relation to your cushion is required. 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 the sore? ****

Please clearly list measurements for each sore:

Sore A: _____ inches from back of the cushion _____ in from front _____ in from the left _____ in from the right
Sore B: _____ inches from back of the cushion _____ in from front _____ in from the left _____ in from the right
Sore C: _____ inches from back of the cushion _____ in from front _____ in from the left _____ in from the right
Sore D: _____ inches from back of the cushion _____ in from front _____ in from the left _____ in from the right

Any additional information (ex. Pelvic obliquities, need of low/high profile, additional pressure sore information, leg amputations, positioning uniqueness, other need-to-know factors, etc.):



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 from delivery date minus 35% Customization Recovery Fee of total
All information provided to Aquila will be kept confidential*

Signature (NOT VALID WITHOUT SIGNATURE) _____

_____ Date