

# SofTech Seating System Order Form



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## 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 \$4730. (effective 1/1/23). HCPS Code: E2609

**\*Aquila does not bill insurance.\***

## SofTech Seating System

### contains:

- ❖ The custom cushion, built and programmed specifically for each client
- ❖ Cushion cover
- ❖ Smart Charger

## Billing Information:

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

## 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).

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

**\* Please mark your preference:**  4-way Stretch breathable  Incontinent

### OPTIONAL ACCESSORIES: (Additional Fees Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Positioning Pad (\$125.00)           | <input type="checkbox"/> Moisture Control Unit (\$250.00)        |
| <input type="checkbox"/> Full Alternating Back Pad (\$700.00) | <input type="checkbox"/> Hand-inflated Lumbar Cushion (\$200.00) |
|   | <input type="checkbox"/> 1-year extended warranty for \$350.00   |

\*Please indicate if you would like any additional covers (\$130.00 each).

- Extra regular cushion cover \_\_\_\_\_ (quantity)  Extra incontinent cushion cover \_\_\_\_\_ (quantity)

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

**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

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

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

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

\_\_\_\_\_

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

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

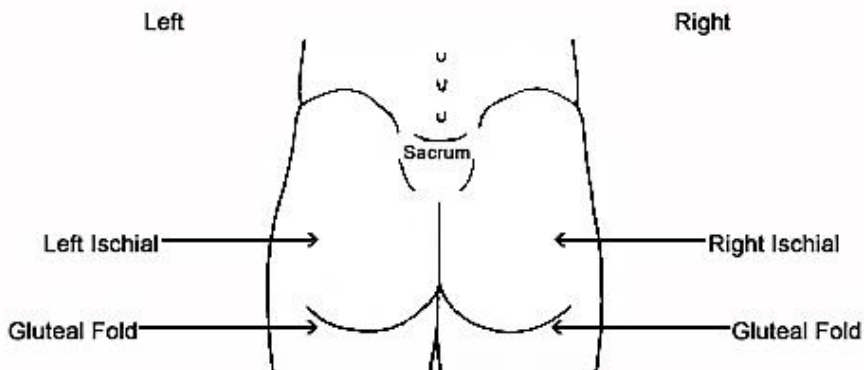
## Pressure sore location and information:

- 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.**

### Pressure sore location:



Any additional information (ex. Pelvic obliquity, need of low/high profile, additional pressure sore information, positioning uniqueness, etc.):

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**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 your pressure sore?**

### Please clearly list measurements for each sore:

Sore A: \_\_\_\_\_ inches from the back \_\_\_\_\_ in from the front \_\_\_\_\_ in from the left \_\_\_\_\_ in from the right

Sore B: \_\_\_\_\_ inches from the back \_\_\_\_\_ in from the front \_\_\_\_\_ in from the left \_\_\_\_\_ in from the right

Sore C: \_\_\_\_\_ inches from the back \_\_\_\_\_ in from the front \_\_\_\_\_ in from the left \_\_\_\_\_ in from the right

Sore D: \_\_\_\_\_ inches from the back \_\_\_\_\_ in from the front \_\_\_\_\_ in from the left \_\_\_\_\_ in from the right

### 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 and it is up to the individual to monitor their skin and tissue at least daily. Follow all recommendations set forth by your physician. User assumes responsibility associated with the use of this product and releases Aquila from all claims. \*\*

**\*30-day return policy from delivery date minus 35% Customization Recovery Fee of total. \***

**All international sales are final.**

Signature and Date: \_\_\_\_\_

**(NOT VALID WITHOUT SIGNATURE AND DATE)**

*Effective 8/16/22*