

# SofTech Seating System Order Form



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## Product Information

The SofTech was designed to stimulate circulation while preventing and treating pressure ulcers through our custom fabrication process. The SofTech is a completely self-contained seating system with the electronics built into the cushion system. Each SofTech is made per order and the order form must be completed thoroughly to start production. The SofTech Seating System is \$4,730 (effective 1/1/23). HCPCS 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)

- Positioning Pad (\$125.00)  1-year extended warranty for \$450.00  
 Moisture Control Unit (\$250.00)

\*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)

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

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**Providing the exact location of your pressure ulcers or areas of concern in relation to your cushion is required. If pressure sores or areas of concern are present, orders will not be accepted without this information. In the spaces below, provide the location of the center of your pressure ulcer/ area of concern. How many inches from the back or front of the cushion is the center of the pressure ulcer/area of concern? How many inches from the left or right of the cushion is the center of your pressure ulcer/area of concern?**

### **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 the day the system was delivered to the dealer or to the client for retail orders. There is a 35% Customization Recovery Fee of the total. An RMA must be issued for any returned products.\*

- There is a 30-day return policy from the day the system was delivered to the dealer or to the client for retail orders. A 35% Customization Recovery fee of the total will apply. An RMA number must be issued for any returned products

- If an RMA number is issued, regardless of warranty status, customers are required to pay for and arrange shipping to Aquila Corporation.

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

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

*Effective 8/2/23*