ALIGN3D
CUSTOM SEATING

508 Gulf Street Ste 116
Cibolo, TX 78108
866-604-6071
orders@a3dcs.com

CUSTOM SYSTEM ORDER FORM

Itemized Pricing

HCPCS Code E2617 | HCPCS Code E2609

Patient Information

Patient Name* _____

Patient Weight* *(pounds)* _____

Considerations / Concerns

- ☐ Spasticity or Extensor Tone
- ☐ Posterior Pelvic Tilt or Sacral Sitting
- ☐ Pelvic Obliquity
  - ◯ Patient Right ◯ Patient Left
- ☐ Leg Splay or Windswept Position
  - ◯ Patient Right ◯ Patient Left
- ☐ Tissue Injury(s)
  - ◯ Current ◯ Historical
  - Location(s) and grade(s): _____
- ☐ Other, please describe: _____

**Our internal data management system is HIPAA compliant. For patient safety and protection, please do not provide us with full names.*

Chair Information

Chair Make* _____

Chair Model* _____

Chair Type*

☐ Manual ☐ Tilt in Space ☐ Power

Please specify chair features:

◯ Tilt Only ◯ Tilt and Recline

Seat Pan Type*

☐ Solid Pan ☐ Sling Seat

Frame Type*

☐ Fixed Frame ☐ Adjustable Frame

Frame Dimensions*

Width *(in.)* _____ Depth *(in.)* _____ Back Post Height *(in.)* _____

Preferred Mounting Width *(in.)* _____

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Dealer Information

Name of Dealer, Branch, or Location*

_____

ATP Name* _____

Tech Name _____

ATP E-Mail Address* _____

Tech E-Mail Address _____

Forma Series Backrest

HCPCS Code E2617

The Forma and Forma Breeze are fully custom-contoured backrests manufactured from patient-specific data to provide precise, durable postural support. The Forma Breeze features integrated ventilation channels to improve airflow while maintaining structural integrity.

All backrests come standard with,

- 1 standard liner of choice
- 1 standard cover of choice

Upgraded options are available.

Backrest Selection*

Choose one shell type.

☐ Forma Backrest *Sleek, clean finish with integrated mounting hardware.*	ACB-FRMA	***$2,518***
☐ Forma Breeze Backrest *Upgraded backrest made with the same medical-grade copolymer, designed for enhanced ventilation through air channels printed into the laterals.*	ACB-FRBZ	***$2,668***

Shape Customization Method*

Choose one method of shape customization.

☐ Scan-Based Capture

☐ Patient Measurements *(Requires Client Measurement Attachment)*

Structural Reinforcement*

Choose one level of construction.

☐ Standard Construction	ACB-SHL-STAN	
☐ Reinforced Construction *Designed for high-force seating needs (e.g., high tone, spasticity), or for systems requiring cut-throughs or custom shape adjustments.*	ACB-SHL-REIN	***$485***

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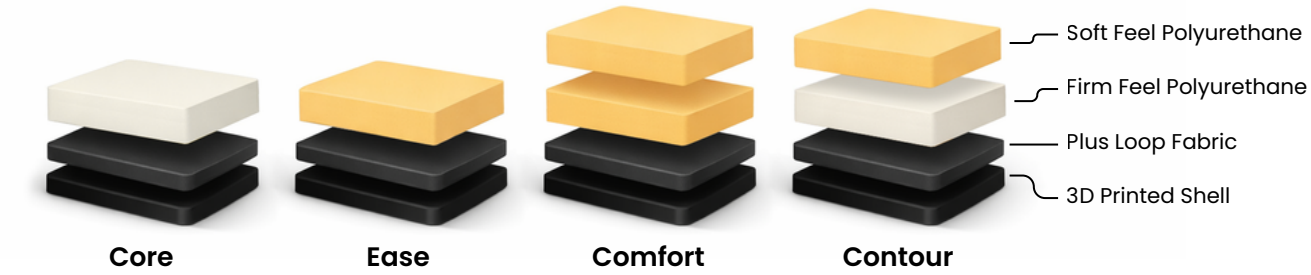
Backrest Size*

Choose the width that best fits your planned backrest.

☐	Standard Width *Backrests that are 20" wide and under.*	ACB-SHP-WSTA	
☐	Extra Large Width *Backrests that are between 20" and 24".*	ACB-SHP-WXLA	***$398***
☐	Specialty Width* *Backrests that are between 24" and 26". These widths may increase lead times slightly due to material availability.*	ACB-SHP-WSPE	***$796***



Liner Selection*

Choose one liner type.

☐	Core Liner *Dual-layer liner for a firm supportive feel; plush loop base fabric with firm feel polyurethane.*	ACB-LIN-CORE	
☐	Ease Liner *Dual-layer liner with a softer feel, same plush loop base fabric layered with soft feel polyurethane. Recommended for patients under 150 lbs.*	ACB-LIN-EASE	
☐	Comfort Liner Upgrade *Triple-layer liner, featuring our plush loop base fabric, with two layers of soft feel polyurethane foam. Recommended for pediatric users with severe skin integrity.*	ACB-LIN-COMF	***$197***
☐	Contour Liner Upgrade *Triple-density liner with a plush loop base fabric, dual-feel polyurethane layers. Recommended for patients with bony prominences.*	ACB-LIN-CONT	***$197***

Cover Selection

Required Cover Options*

Choose one outer cover type.

☐	Air Mesh Backrest Cover	ACB-CVR-MESH	
☐	SmoothFit Backrest Cover	ACB-CVR-SMFT	
☐	Incontinence Proof Backrest Cover Upgrade	ACB-CVR-INCP	***$215***

Optional Additional Cover Options

Please specify quantity of each.

☐	Air Mesh Backrest Cover	ACB-CVR-AOME	***$350/ea***
☐	SmoothFit Backrest Cover	ACB-CVR-AOSM	***$350/ea***
☐	Incontinence Proof Backrest Cover	ACB-CVR-AOIN	***$425/ea***

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Hardware and Mounting Selection*

Choose one hardware kit.

☐ 3 Point Backrest Hardware Kit

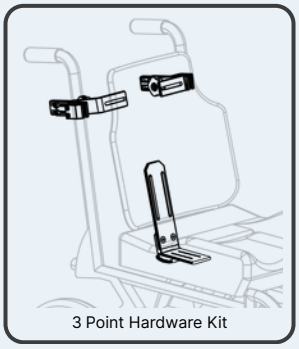
Create a cohesive system with: (2) multi-use hooks and brackets, and (1) seat to back hinge.

Requires:
- Seat pan
- Canes

Must choose one mounting style:

◯ Fixed Hardware	AHW-3PT-FIXD	***$745***
◯ Quick Release Hardware	AHW-3PT-QREL	**$873**

For the quick release option, it includes:
- *2 quick-release knobs for the hooks*
- *1 quick-release seat-to-back hinge*


3 Point Hardware Kit

☐ 4 Point Backrest Hardware Kit

Four points of contact for secure mounting, includes: (4) multi-use hooks and brackets.

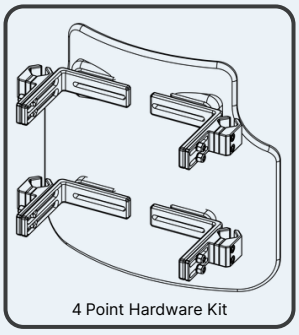
Requires:
- Canes

ⓘ For use with sling seats or when access to seat pan is obstructed.

Must choose one mounting style:

◯ Fixed Hardware	AHW-4PT-FIXD	***$756***
◯ Quick Release Hardware	AHW-4PT-QREL	***$1012***

For the quick release option, it includes:
- *4 quick-release knobs for the back hooks*


4 Point Hardware Kit

☐ Full System Hardware Kit

Create a cohesive system with your Align3D custom backrest and cushion with: (2) multi-use back hooks and brackets, (1) seat to back hinge, (1) custom machined seat positioning pan, (2) multi-use seat hooks and brackets, and (2) seat tabs.

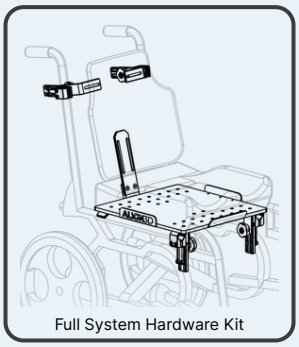
Requires:
- Canes

⚠ The custom seat pan replaces the seat pan on the wheelchair.

Must choose one mounting style:

◯ Fixed Hardware	AHW-FSK-FIXD	***$1764***
◯ Quick Release Hardware	AHW-FXD-QREL	***$2024***

For the quick release option, it includes:
- *2 quick-release knobs for the back hooks*
- *1 seat-to-back hinge*
- *2 quick-release knobs for the seat hooks*


Full System Hardware Kit

HCPCS Code E2617

Hardware and Mounting Selection, Cont'd.*

☐ Power Zero Hardware Kit — AHW-PWZ-PBRA — ***$761***

Simple and secure power wheelchair mounting, that makes adjustments quick and easy, with: (1) power wheelchair hardware mounting bracket.

Requires:
- Power wheelchair with recline or a solid back plate

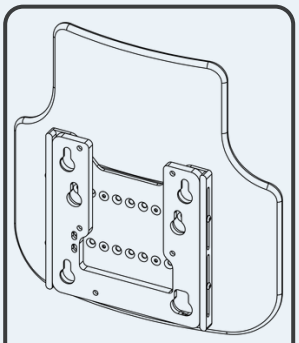
Compatible with most power chairs.

⚠ Only recommended for power wheelchairs.

⚠ The Power Zero bracket only allows for vertical (up/down) and horizontal (side/side) adjustment. If you require rotation include the Rotate Plate in your order.

Need to allow for rotation?

☐ Rotate Plate Add-On — AHW-PWZ-ROTA — ***+$181***


Power Zero Hardware Kit

Hardware Accessory Selection

Optional accessories for after-market mounting.

☐ Headrest Adapter Plate with Accessory Rails — AHW-ACC-HRAP — ***$400***

Need to mount shoulder harnesses?

☐ Anti-Slip Harness Guide Add-On — AHW-ACC-HRHG — ***$190***

Backrest Relief Modifications

Optional modifications that allow targeted adjustments to reduce pressure, accommodate sensitive anatomy, and improve comfort based on patient-specific needs.

☐ Soft Spot(s) — ACB-REL-SOFT — ***$199/ea***

In specified high-pressure area(s) the material is modified to be softer to reduce the overall pressure.

Must circle area(s) on the shape capture.

☐ Off-load Bony Prominences — ACB-REL-OFFL — ***$199/ea***

In specified area(s) the material is eliminated to minimize pressure and provide relief for bony prominences.

Must circle area(s) on the shape capture.

☐ Shoulder Relief Modification — ACB-REL-SHLD — ***$365***

Reduce scapular rounding on the scan; recommended for shape captures utilizing an assistive lift device.

☐ Axillary Support Padding

Allows for additional support near the axilla. Recommended for the concave side of scoliosis.

Must choose side(s): — ACB-REL-XAXI — ***$325/Side***

◯ Patient Right Axilla

◯ Patient Left Axilla

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Backrest Shape Modifications

Backrest shape modifications apply primarily to scan-based shape captures and are generally not applicable when ordering custom by measurement.

Backrest Height

Unless otherwise selected, the backrest height will be manufactured as captured.

☐ Modify Backrest Height — ACB-SHP-HYYY — ***$199***

◯ Increase ◯ Decrease

Amount:

Add/Subtract ☐ inches to the shape capture.

Backrest Lateral Height Adjustment

Unless otherwise selected, the backrest laterals will be manufactured as captured.

☐ Modify **Patient Right** Lateral Height — ACB-SHP-RLHX — ***$199***

◯ Increase ◯ Decrease

Amount:

Add/Subtract ☐ inches to the shape capture.

Right Lateral Height

☐ Modify **Patient Left** Lateral Height — ACB-SHP-LLHX — ***$199***

◯ Increase ◯ Decrease

Amount:

Add/Subtract ☐ inches to the shape capture.

Left Lateral Height

All lateral height adjustments are made from the top edge of the lateral. Need something else done? Add it to the "Additional Notes" section!

Need Exact Lateral Heights?

Use only if you do not want the captured shape used.

☐ Target Heights — ACB-SHP-XLHT — ***$199/ea***

Patient Right Lateral Height *(in.)* ☐ Patient Left Lateral Height *(in.)* ☐

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Backrest Shape Modifications, Cont'd.

Backrest Lateral Depth Adjustment

Unless otherwise selected, the backrest laterals will be manufactured as captured.

☐ Modify **Patient Right** Lateral Depth — ACB-SHP-RLDY — ***$199***

◯ Increase *(Deepen)* ◯ Decrease

Amount:

Add/Subtract ☐ inches to the shape capture.

Right Lateral Depth

☐ Modify **Patient Left** Lateral Depth — ACB-SHP-LLDY — ***$199***

◯ Increase *(Deepen)* ◯ Decrease

Amount:

Add/Subtract ☐ inches to the shape capture.

Left Lateral Depth

Need Exact Lateral Depths?

Use only if you do not want the captured shape used.

☐ Target Depths — ACB-SHP-XLDT — ***$199/ea***

Patient Right Lateral Depth *(in.)* ☐ Patient Left Lateral Depth *(in.)* ☐

Add-On Options

☐ Growth Kit — ACB-ADD-GROW — ***$578***

Allows for one growth adjustment within a 24 month period. Growth adjustment options include: width and/or length and/or depth and/or height. Any change to alignment or posture needs cannot be accommodated through a growth adjustment.

☐ Custom T-Nut Placement — ACB-ADD-ACTN — ***$152/pair***

Sold in pairs, desired placement must be noted on the shape capture with an 'X'.

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Conforma Series Cushion

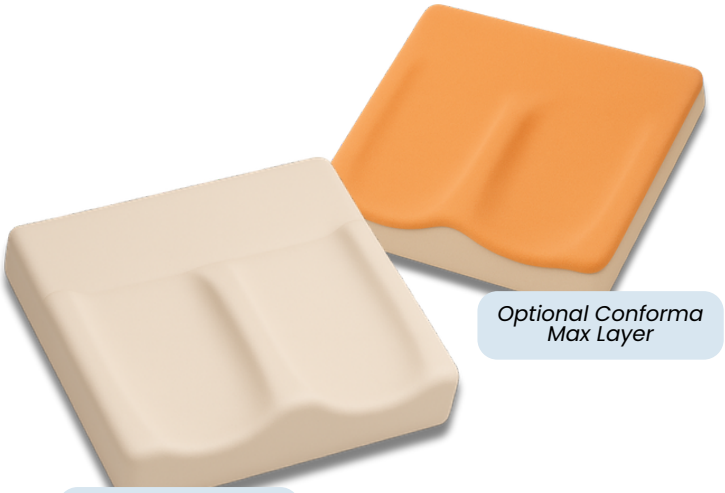
HCPCS Code E2609

The Conforma Cushion is a fully custom-contoured seating cushion manufactured from patient-specific data to support posture, pressure distribution, and functional positioning. Each cushion is digitally shaped to match individual anatomy and clinical needs, with optional modifications available to address positioning, comfort, and skin protection.

All cushions come standard with,

- 1 inner incontinence-proof cover
- 1 standard outer cover of choice

Upgraded options are available.



The Conforma

Cushion Selection*

Choose one base type.

☐	Conforma Cushion *Our standard cushion base, custom-shaped and engineered for high level support and comfort.*	ACC-CFRM	***$2,360***

Shape Customization Method*

Choose one method of shape customization.

- ☐ Scan-Based Capture
- ☐ Patient Measurements *(Requires Client Measurement Attachment)*

Comfort Layer Selection

Optional comfort layers.

☐	Conforma Max Layer *Dual-density cushion layering option that provides a strong base for structural support, and a soft, comfortable top layer.*	ACC-LAY-CMAX	***$365***

Cushion Size*

Choose the width that best fits your planned cushion.

☐	Standard Width *Cushions that are 20" and under.*	ACC-SHP-WSTA	
☐	Extra Large Width *Cushions that are between 20" and 24".*	ACC-SHP-WXLA	***$398***
☐	Specialty Width* *Cushions that are between 24" and 48". These widths may increase lead times slightly due to material availability.*	ACC-SHP-WSPE	***$796***

HCPCS Code E2609

Cover Selection

All cushions come standard with (1) inner incontinence-proof cover, and (1) standard outer cover with an option to upgrade.

Required Cover Options*

Choose one outer cover option.

☐ Air Mesh Cushion Cover	ACC-CVR-MESH	
☐ SmoothFit Cushion Outer Cover	ACC-CVR-SMFT	
☐ Incontinence Proof Cushion Outer Cover Upgrade	ACC-CVR-INCP	***$245***

Optional Additional Outer Cover Options

Please specify quantity of each.

☐ Air Mesh Cushion Cover	ACC-CVR-AOME	***$740/ea***
☐ SmoothFit Cushion Cover	ACC-CVR-AOSM	***$740/ea***
☐ Outer Incontinence Proof Cushion Cover	ACC-CVR-AOIN	***$785/ea***

Optional Additional Inner Cover Options

Please specify quantity of each.

☐ Inner Incontinence Proof Cushion Cover	ACC-CVR-AIIN	***$785/ea***

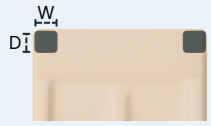
Interface Modifications

Modify how the cushion fits and integrates with the wheelchair.

☐ Cane Notches — ACC-INT-CANE — ***$199***

Square notches in the back corners of the cushion to accommodate the canes.
Recommended for PDG and Amy Systems' chairs.

Notch Width *(in.)* ☐ Notch Depth *(in.)* ☐



☐ Tapered Width Fit — ACC-INT-WTAP — ***$199***

Taper the cushion to fit the frame's dimensions.
One option for drop seat setups.

Desired base width *(in.)* ☐

☐ Rail Cuts — ACC-INT-RAIL — ***$199***

Notches that run along the bottom length of the cushion, front to back.
Another option for drop seat setups.

Notch Height *(in.)* ☐ Notch Width *(in.)* ☐

☐ Sling Seat Rigidizer — ACC-INT-SLIN — ***$345***

Lightweight ABS sheet applied to the bottom of the cushion to support the shape and reduce hammocking.

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Interface Hardware Selection

☐ Custom Alignment Platform — AHW-CUS-PLAT — ***$395***
Lightweight ABS tray with positioning rails to ensure proper cushion placement every time. Fastens directly to the existing seat pan for easy installation.

☐ Seat Pan
Custom-made seat pan that replaces the existing seat pan, and includes positioning rails for proper cushion placement every time. Need mounting hardware, choose from one of our Seat Pan Mounting Hardware Kits below!

Automatically included when Full System Hardware Kit is Selected.

Seat Pan Mounting Hardware Kits
Includes (4) brackets in either a fixed or quick release knob option:

◯ Fixed Mounting Kit — AHW-CUS-SPFX — ***$986***
◯ Quick Release Knob Mounting Kit — AHW-CUS-SPQR — ***$1,118***

Cushion Contour and Relief Modifications

Optional cushion contour and relief modifications allow targeted adjustments to the captured cushion geometry to improve positioning, pressure distribution, and comfort as clinically indicated.

☐ Soft Spot — ACC-REL-SOFT — ***$199***
In specified high-pressure area(s) the material is modified to be softer to reduce the overall pressure.
Must circle area on the shape capture.

☐ Off-load Bony Prominences — ACC-REL-OFFL — ***$199/ea***
In specified area(s) the material is eliminated to minimize pressure and provide relief for bony prominences.
Specify quantity ☐

☐ Low-Profile Cushion — ACC-REL-LOWP — ***$199***
Minimizes pommel and lateral height to accommodate side transfers and assistive lift devices. Not recommended for patients with severe leg splay.

☐ Hamstring Relief — ACC-REL-HREL — ***$199***
Undercut to the front of the cushion, allowing for leg flexion without compromising the structure of the cushion.

☐ Pelvic Obliquity — ACC-REL-POXS — ***$199***
Option to build-up one ischial well to compensate for pelvic obliquity.

Select a side:
◯ Patient Right ◯ Patient Left

Amount:
Add ☐ inches to the shape capture.

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Cushion Shape Modifications

Optional cushion shape modifiers allow targeted adjustments to the captured cushion geometry to fine-tune fit, positioning, and functional support, and are primarily intended for custom molded cushions.

Cushion Height

Unless otherwise selected, cushion height will be manufactured using the calculated minimum safe height.

☐ As Low as Safely Possible — ACC-SHP-HLOW — ***$199***

Height will be minimized based on IT well geometry and load limits. This may reduce anti-thrust.

☐ Specify Target Heights — ACC-SHP-XLHT — ***$199/ea***

Patient Right Leg Height *(in.)* ☐ Patient Left Leg Height *(in.)* ☐

Target heights are measured from the bottom of the cushion to the center of each leg well, and cannot be guaranteed.

Cushion height is automatically adjusted as needed to prevent bottoming out and to remain within the foam's load-deflection limits. Heavier users or smaller surface areas may require greater minimum height to maintain safe immersion.

Cushion Depth

Unless otherwise selected, the cushion depth will be manufactured as captured.

Leg Length Strategy

○ Symmetrical Leg Lengths

If **symmetrical** leg lengths selected:

☐ Cushion Depth Adjustment — ACC-SHP-SDXX — ***$199***

- ○ Increase Depth
- ○ Decrease Depth

☐ Match Leg Lengths — ACC-SHP-SDMX — ***$199***

- ○ Match left leg length to right
- ○ Match right leg length to left

○ Asymmetrical Leg Lengths

If **asymmetrical** leg lengths selected:

☐ **Patient Right** Leg Length — ACC-SHP-ADRX — ***$199***

- ○ Increase Depth
- ○ Decrease Depth

Amount:

Add/Subtract ☐ inches to the shape capture.

☐ **Patient Left** Leg Length — ACC-SHP-ADLX — ***$199***

- ○ Increase Depth
- ○ Decrease Depth

Amount:

Add/Subtract ☐ inches to the shape capture.

Need exact leg lengths?

☐ Target Leg Length: — ACC-SHP-XLLT — ***$199/ea***

Patient Right Leg Length *(in.)* ☐ Patient Left Leg Length *(in.)* ☐

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Thigh Support Modifications

Optional thigh support modifications allow targeted adjustments to the anterior cushion contouring and are primarily intended for custom molded cushions.

Medial Thigh Support (Pommel)

Unless otherwise specified, the pommel will be manufactured as captured.

☐ Modify Pommel	ACC-THI-POMX	***$199***
○ Eliminate Pommel		
○ Increase Pommel Height Add ☐ inches to the shape capture.		
○ Decrease Pommel Height Subtract ☐ inches from the shape capture.		

Lateral Thigh Support (Abductors)

Unless otherwise specified, the lateral thigh supports will be manufactured as captured.

☐ Modify **Patient Right** Lateral Thigh Support	ACC-THI-RLXX	***$199***
○ Eliminate		
○ Increase Right Lateral Thigh Support Add ☐ inches to the shape capture.		
○ Decrease Right Lateral Thigh Support Subtract ☐ inches from the shape capture.		
☐ Modify **Patient Left** Lateral Thigh Support	ACC-THI-LLXX	***$199***
○ Eliminate		
○ Increase Left Lateral Thigh Support Add ☐ inches to the shape capture.		
○ Decrease Left Lateral Thigh Support Subtract ☐ inches from the shape capture.		

Add-Ons

☐ Growth Kit *Allows for one growth adjustment within a 24 month period. Growth adjustment options include: width and/or length and/or depth and/or height. Any change to alignment or posture needs cannot be accommodated through a growth adjustment.*	ACC-ADD-GROW	***$514***
☐ Cushion Growth Extension Package *Eliminates and extends the back of the cushion 2-inches to allow for growth adjustment during or after delivery. Includes 2" by 2" cane notches to allow for proper placement.*	ACC-ADD-EXTD	***$506***
☐ Lateral Thigh Reinforcements *Add rigid aluminum support at the lateral thigh supports to improve lower-extremity stability and reduce leg splay.*	ACC-ADD-TREI	***$352***

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Additional Notes & Requests

To submit this order form, please hit 'Submit' below or email a completed copy to orders@a3dcs.com

Submit Clear Form