ALIGN3D
CUSTOM SEATING

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CUSTOM BACKREST ORDER FORM

Itemized Pricing

HCPCS Code E2617

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.)* _____

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*

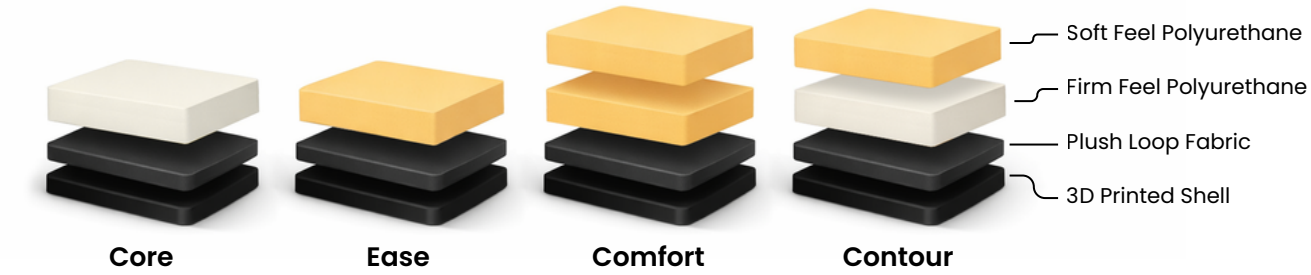
Choose one level of construction.

☐	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***

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.*	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***

Hardware and Mounting Selection*

Choose one hardware kit.

☐ 3 Point Backrest Hardware Kit

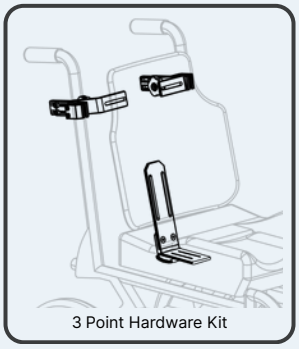
Create a cohesive system with: (2) multi-use hook and bracket sets, and (1) seat to back hinge.

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 hook and bracket sets.

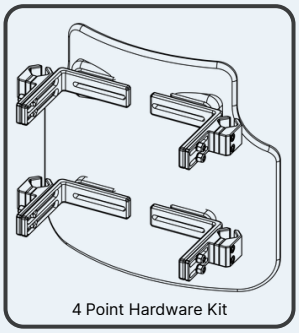
Requires:
- Canes

ⓘ 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 hooks and brackets*


4 Point Hardware Kit

☐ 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

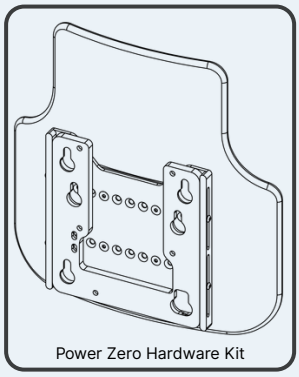
Compatible with most power chairs.

⚠ 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

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 Shape Modifications, Cont'd.

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.)* ☐

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'.

Additional Notes & Requests

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

Submit Clear Form