| Invoice to: | | | OF_Jay Lite_Cushi | onEU_en_2018- | 02-22 |
|--|--|--|--|------------------------|-------------|
| Name: | | | ame: | | |
| Street: | | | reet: | | |
| Town: | Postal code: | Тс | own: | Postal code |): |
| E-Mail: | | E- | Mail: | | |
| Tel: Fax: | | Те | el: | Fax: | |
| Order date: | | Ma | arked for: | | |
| Purchase order: | | | | | |
| Number required: Sunrise order no: | | | | | |
| Order Calculation Jay® Lite Cushion Standard Features Firm, lightweight, airflow foam base with ischial cut outs. Optiwell technology to maximize stability & pressure redistribution. Lightweight, detachable foam well insert. Medial & lateral thigh supports for thigh positioning. Base with corner cut. Microclimatic cover for heat & moisture dissipation. 2 Year guarantee Reimbursement code: Application: Active client requires minimal weight but mild/moderate postural support. Mild/moderate lateral and foreward-rearward stability needs. | | | | | |
| Moderate risk of skin breakdown. Intact skin integrity. Able to perform independent pressure relief. Requires heat and moisture dissipation. | | | | | |
| | | | | | |
| SEAT WIDTH | | | | | |
| | wath Coling 11.35 11.38 11 | 40 JL 42 JL 44 JL 40 | 14 ⁸ 11 ⁵⁰ | | |
| Depth JL JL JL JL JL JL JL JL | 38 38 0 0* 40 40 0 0 0 42 42 0 0 0 44 44 0 0 0 46 46 0 0 0 50 50 0 0 0 | 42 44 46 4 ◇ ○* ✓ ✓ ○ ○* ○ ○ ○ ○ ○* ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ B O O | Delivery til 0* 0 0* 0 0* 0 0* 0 0* 0 0* 0 0* 0 0* 0 | Code JL_ | |
| | h below, the standard version will be | e delivered. | | • | |
| CUSHION VERSION | | | () | Quantity | Unit Price |
| JL wwdd O Standard JL wwdd P D Positioning | | petter positioning) | (lead times: see matrix above) (lead times: see matrix above) | | € |
| JL wwdd P □ Positioning version (contoured cushion for a better positioning) (lead times: see matrix above) € | | | | | |
| SPARES | | | (15 days delivery time) | Quantity | Unit Price |
| | Microclimatic cover | | | | € |
| | Additional Microclimatic cover for Positioning version | | | | € |
| | Reticulated foam insert for PLA size A (35 width) incl. air flow cover for insert* Reticulated foam insert for PLA size B (38 - 44 widths) incl. air flow cover for insert* | | | | € € |
| | Reticulated foam insert for PLA size B (36 - 44 widths) incl. air flow cover for insert* | | | | € € |
| | PU foam insert for PLA size A (35 width) incl. incontinent cover for insert* | | | | € |
| | PU foam insert for PLA size B (38 - 44 widths) incl. Incontinent cover for insert* | | | | € |
| | nsert for PLA size C (46 - 50 widths | , | ver for insert* | | € |
| * same insert can be used for positioning and standard versions If any modification of your cushion is needed please contact your Sunrise Medical authorized Customer Service. | | | | | |
| COSTS | | | | Unit price | Total price |
| Cushion Price | | | | | |
| Option/Spare Price | | | | | |
| Total Cost Sunrise Medical Customer Service | | | | For more i | oformation |
| Sunrise Medical Customer Service Address: E-mail: | | | | visit our v | |
| Tel. E-mail: E-mail: | | | | www.SunriseMedical.com | |
| Fax. Website: | | | | © Sunrise Medical 2018 | |