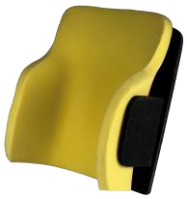
Promedicare
Feel the ideal posture

VIP Inserto BACK

INSERTO BACK VIP ORDER FORM

Invoicing Details	Shipping Details
Company name: _____	Ship to: _____
Delivery date required: ___ /___ /____	_____
Delivery address: _____	**TIMBRO E FIRMA DEL CLIENTE**
P. Code: _____ Town: _____	
Tel.: _____ Fax: _____	
Order #: _____ Date of the order: ___ /___ /_____	

Pro Medicare Srl grants **24 months** warranty on production defects from the date of the first put into service and **12 months** on covers and components subjected to wearing. Warranty is void if the product is used in any other way than stated in the Instruction Manual.
Note: Any request for variation of dimensions, materials and type compared to the standard defined for the specific user does not have CE marking, therefore the professional user becomes the manufacturer and has the obligation to draw up the technical documentation of the device (the various fields of the form with the letter ***W;*** the prices of items **W** are not listed on this order form).
Images are purely illustrative and may not fully reflect reality.



INSERTO BACK VIP (includes a flat base of construction, two shaped modular elements, a padding, a cover and **a multi-tension strap system with double H 10 cm straps**)

SIZE	☐ 3235	☐ 3438	☐ 3642	☐ 3845	☐ 4045	☐ 4245	☐ 4250	☐ 4545	☐ 4550	☐ 4850	☐ 5050	Qty.	Price
effective bacrest width (cm)	27	29	31	33	35	37	37	40	40	43	45		
backrest height (cm)	35	38	42	45	45	45	50	45	50	50	50		
wheelchair external tubes width (cm) min/max (indicative values)	31/35	33/37	35/39	37/41	39/43	41/45	41/45	44/48	44/48	47/51	49/53		
n° of pieces													
Code D05-706-X	**X=1**	**X=2**	**X=3**	**X=4**	**X=5**	**X=6**	**X=7**	**X=8**	**X=9**	**X=10**	**X=11**		
thoracic containment inserts	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx		
☐ ***W*** *(tailored)* *Wheelchair width (wheelchair external tubes width): _____ cm* *Height: _____ cm*													
											TOTAL		

INSERTO BACK VIP (includes a flat base of construction, two shaped modular elements, a padding and a cover)

SIZE	☐ 3235	☐ 3438	☐ 3642	☐ 3845	☐ 4045	☐ 4245	☐ 4250	☐ 4545	☐ 4550	☐ 4850	☐ 5050	Qty.	Price
effective backrest width (cm)	27	29	31	33	35	37	37	40	40	43	45		
backrest height (cm)	35	38	42	45	45	45	50	45	50	50	50		
wheelchair external tubes width (cm) min/max (indicative values)	31/35	33/37	35/39	37/41	39/43	41/45	41/45	44/48	44/48	47/51	49/53		
n° of pieces													
Code D05-707-X	**X=1**	**X=2**	**X=3**	**X=4**	**X=5**	**X=6**	**X=7**	**X=8**	**X=9**	**X=10**	**X=11**		
thoracic containment inserts	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx	☐ dx ☐ sx		
☐ ***W*** *(tailored)* *Wheelchair width (wheelchair external tubes width): _____ cm* *Height: _____ cm*													
												TOTAL	

Spare Parts (indicate quantity)

SIZE	3235	3438	3642	3845	4045	4245	4250	4545	4550	4850	5050	Price
Flat base of construction												
Cover												
Padding												
Multi-tension strap system with double H 10 cm straps												

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