

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	<input type="checkbox"/> 3235	<input type="checkbox"/> 3438	<input type="checkbox"/> 3642	<input type="checkbox"/> 3845	<input type="checkbox"/> 4045	<input type="checkbox"/> 4245	<input type="checkbox"/> 4250	<input type="checkbox"/> 4545	<input type="checkbox"/> 4550	<input type="checkbox"/> 4850	<input type="checkbox"/> 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 D05-706-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	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> 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	<input type="checkbox"/> 3235	<input type="checkbox"/> 3438	<input type="checkbox"/> 3642	<input type="checkbox"/> 3845	<input type="checkbox"/> 4045	<input type="checkbox"/> 4245	<input type="checkbox"/> 4250	<input type="checkbox"/> 4545	<input type="checkbox"/> 4550	<input type="checkbox"/> 4850	<input type="checkbox"/> 5050	Qty.	Price
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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	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx	<input type="checkbox"/> dx <input type="checkbox"/> sx		
<input type="checkbox"/> 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												

PRO MEDICARE S.r.l.

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