

Quantum® 1103 Ultra Series

Group 2 Single Power Order Form 200 lbs weight capacity



Quantum Rehab®

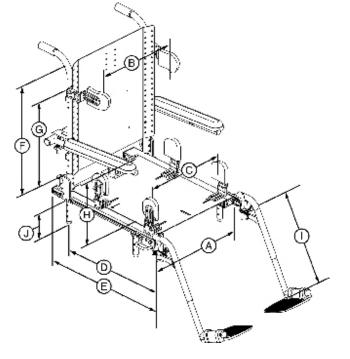
A Division of Pride Mobility Products Corporation®

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Account Number:	
Provider Name:	
Contact:	
Phone:	
Fax:	
Date:	
PO#:	
Marked For:	
Ship To:	
Address:	
City:	
Discount:	
Terms:	
Freight:	
Taken By:	

SPECIFIED DIMENSIONS*

Please supply patient information for optimal setup prior to shipping.



Client Height:
Client Weight:
A. Seat Width:
B. Lateral Offset:
C. Hip/Thigh Lateral Offset:
D. Center of Gravity: Optimized based on seat
dimensions
E. Seat Depth:
F. Back Height from Pan:
G. Lateral Height from Pan:
H. Armrest Height from Pan:
I. Rigging Length (whole numbers only):
J. Seat to Floor Height: □Low □Middle □Tall
Clinician Notes:

Revised: September 28, 2010

^{*} While every effort will be taken to ensure items will be preset to your specifications prior to shipping, variations in options may effect final settings.

Quantum[®] 1103 Ultra Series September 28, 2010 **Group 2 Single Power**

Order Form

DME providers are responsible for determining appropriate billing codes when submitting for insurance reimbursement. HCPCS codes should not be considered as legal advice. All prices are MSRP.

BASE MODEL		
<u>Description</u>	Price	HCPCS Code
□Quantum 1103 Ultra 2SP-SS	\$6,121	K0835

COLORS	
□Champagne □Candy Apple Red □Viper Blue □Onyx Black □Sunburst Orange	No Charge No Charge No Charge No Charge No Charge
DRIVE WHEELS Description	Price
□10" Pneumatic (pair) □10" Solid (pair)	No Charge Standard

BATTERY OPTIONS		
Description	Price	HCPCS Code
□U-1, 32 amp, Gel □5 amp, Off-board Charger	\$133ea Standard	E2365

JOYSTICK MOUNTING	G OPTIONS		
Description		Price	HCPCS Code
□Fixed, In-Line - □Left □Swing-away - □Left	□Right □Right	Standard	_
□ 4"L	□7" L	\$210	E1028
■Multi-axis, Fixed - ■Left	□Right	\$100	K0108
Armrest Mounting Options			
□Quick Disconnect - □Left¹	□Right¹	No Charge	
□ Vertical Adjustment Clamp □ Figure 8 style -required w/v	vaterfall armpads	\$95 No Charge	K0108

□Vertical Adjustment Clamp □Figure 8 style -required w/ w	aterfall armpads	\$95 No Charge	K0108
NON-EXPANDABLE CO	ONTROLS		
Description		Price	HCPCS Code
Non-Expandable Controls □PG VSI 70 amp		No Charge	
□PG 6-Key VSI 70 amp		Standard	
□PG Programmer		\$423	

FOOTNOTES

- Not available with waterfall arm pads.
 Requires multi-axi jostick mount, no charge
- 3. See Specialty Electronics order form for additional mounting options and secondary controls.
- 4. Use code E2323 when not used in conjuction with chin control.

EXPANDABLE CONTROLS		
Description	Price	HCPCS Code
Expandable Controls All joysticks or enhanced displays must be use Q-Logic controller and harness	ed in conjun	ction with a
□PG Controller □Harness for Expandable Controller	\$695 \$350	E2377 E2313
□3-Key R emote Plus Joystick, 70 amp □1 Profile □Multiple Profile	\$700	
□Remote Plus Joystick, 70 amp w/ speed dial	\$700	
□Remote Plus Joystick, 70 amp w/ toggles	\$700	
□Remote Plus Joystick, 70 amp w/ switch jacks	\$700	



□Omni Plus³

☐Microdrive Joystick, 70 amp²



Programmer □PG Programmer



\$423

\$700

\$1,721.63

Description	Price	HCPCS Code
Joystick Handle Options		
□Standard Knob	Standard	
■Mushroom Handle	\$71	E2323
□T-Bar	\$107	E2323
□Chin Cup⁴	\$71	E2324
□Extended I-Handle	\$71	E2323
□Soft Ball Handle	\$50	E2323
■Medium Ball Handle	\$50	E2323
□3" Goal Post Handle	\$66	E2323
□4" Goal Post Handle	\$66	E2323

September 28, 2010 Quantum® 1103 Ultra Series **Group 2 Single Power Order Form**

TRU-BALANCE® POWER POSI	TIONING SYSTE	MS
Description	Price	HCPCS Code

□TRU-Balance® Power Tilt (55°) \$4995 E1002 55 degree center of gravity (CG) power tilt seating system. 200lbs weight capacity

□TRU-Balance® Power Recline (168°) \$5595 E1004

Full Drive lock-out at 20 degrees. 200 lbs. weight capacity

POWER POSITIONING ELECTRON	ICS	
Description	Price	HCPCS Code
Single Power Electronics		
□Through Toggle Box, (Tilt Only)	No Charge	
□Left Mount □Right Mount		
☐Through VSI 6-Key (Tilt Only)	NC	
☐ Through Single Switch 1/8" Jack (Tilt & Remote Plu	us Only)1 \$500	
■Through PG Remote Plus Controller	\$1175	E2310
Multiple Power Electronics		
□Through Remote Plus Controller	\$2375	E2311
□Through 4-way Toggle ²	\$2375	
□Left Mount □Right Mount		
☐Through 4-way Button Toggle ²	\$2375	
□Left Mount □Right Mount		
□Through Quad Push-button Control Toggle ² □Left Mount □Right Mount	\$2375	

SEATING SPECIFICATIONS

Seat Width:

□14" □15" □16" □17" □18" □19" □20"

Seat Width Package

□14" W - 18" W No Charge □16" W - 20" W No Charge

Seat Depth:

□14" □15" □16" □17" □18" □19" □20"

Seat Depth Package

No Charge □14" D - 18" D □16" D - 20" D No Charge

Back Cane Height:3

□14" □15" □16" □17" □18" □19" □20" □21" □22" □23" □24" □25"

Back Rest Height:

□14" □15" □16" □17" □18" □19" □20" □21"

Back heights of 22" and higher requires a 6" lateral extension.

Please select if required with other back heights..

□22" □23" □24" □25" --Recline Only

□6" Lateral Extensions No Charge

BACK CANES OPTIONS	
Description	Price
□Back Canes w/ push handles	Std.
□Back Canes w/out push handles	\$125
⊒Flip Forward⁴	\$150
□Offset(Meso) ⁵ (SOF)	\$195
□Inset (Endo) ⁵ (SOF)	\$195
□2" (1" per side) □4" (2" per side)	

BACK OPTIONS		
Description	Price	HCPCS Code
☐Solid Plate Back-w/ 1.5" thick back cushion	Standard	
□Synergy® Shape Back Positioning Back	Various	E2613
See Synergy Shape Back order form for detailed pricing	g, sizes and code	es. E2614
□TRU-Balance® Reclining Back	Standard	
□Attendant manual recline ⁸	\$750	E1226
180 degrees of recline with 2 1/2" raised pivot poi	nt. Controlled t	hrough
dual gas struts. 300 lb. weight capacity. (For us	e on TB Tilt S	ystems only)
Only available on systems equipped with TRU-Ba	lance Recline	
□Solid Curver Back	Various	
☐Omit Back -Cannot omit reclining back	(-\$100)	
□After market back interface ⁶	\$200	

(for use on recline systems only. Brackets for mounting aftermarket backs, back not inluced) (for use on recline systems only. Brackets for mounting aftermarket backs, back not inluced)

(For use on recline systems only. Brackets for mounting aftermarket backs, back not inluced) Actual Back Cane Height is reflected in measurement

TRU-COMFORT™ SEATING					
Description			Price	HCPCS Code	
		Cushion and TRU-0	Comfort Back o	order forms for	
detailed pricing, sizes and codes.					
TRU-Comfort™ Back Width:	Back Cushic	on'			
□16" W	□ 18" W	□ 20" W	\$595	E2620	
Back Height:	D05" II		N. Observe		
□22" H Cover:	□25" H		No Charge	9	
☐Standard Allu	re leather-like	cover	No Charge	e	
□Plus 4-way str	retch material (cover	No Charge		
TRU-Comfort™					
Includes Allure I □16" x 16" - 20'		ver .	¢200	E2601	
□20" x 20" - 20'			\$380 \$380	E2601	
- 20 x 20 20	X 20		φοσο	L2001	
		ushion Skin Proted	etion		
Includes 4-way		al cover	#200	F2002	
□16" x 16" - 20' □20" x 20" - 20'			\$380 \$380	E2603 E2603	
	/® CUSHIO	NS	φοσο	L2000	
			Price	UCDCS Code	
Description			Price	HCPCS Code	
□No Cushion R	•	forms for detailed ,	ariaina aizaa a	and codes	
Simplicity Cus			oricing, sizes a	na coaes.	
□16" x 16" - 20'		566	\$98	E2601	
Solution® 1 Cu		otection			
□14" x 14" - 20'			\$380	E2603	
□20" x 20" - 20'	x 20"		\$430	E2603	
Solution® Cush	ion Skin Prote	ection & Positioning	7		
□10" x 10" - 20'			, \$380	E2607	
□20" x 20" - 20'	' x 20"		\$430	E2607	
Spectrum® Gel		itioning	0.100	E0005	
□12" x 10" - 20' □20" x 20" - 20'			\$480 \$530	E2605 E2605	
1 20 X 20 - 20	X 20		\$330	E2005	
Spectrum® Viso	co Cushion Si	kin Protection & Po	sitioning		
□10" x 10" - 20'			\$480	E2607	
□20" x 20" - 20'	' x 20'		\$530	E2607	
On a atmum Air A	divetable Oliv	Duete etien			
Spectrum Air A □ 14 x 12 - 20 x	•	Protection	\$480	K0734	
□ 14 X 12 - 20 X	20		φ400	NU/ 34	
Spectrum Air C	ontour Skin F	Protection & Positio	ning		
□14 x 12 - 20 x			\$499	K0736	

FOOTNOTES

- 1. Switch not included.
- 2. Only available with Q-Logic EX.
- 3. Height is measured from seat pan to top of cane.
- 4. N/A w/ TB power recline, Synergy Manual Systems, vent trays, bariatric armpads, occupied transit kit and TRU-Comfort or sling backs. May also interfere w/ lateral supports and water fall armpads. 02 Tank Holder is N/A when flip- down canes are selected w/ any TB Tilt.
- 5. N/A with TRU-Comfort, Dual Post, Flip-back armrests may interfere with offset armrests . N/A w/ any reclining systems.
- Please Contact your Quantum Specialist for details. Seat depth may need to be increased in order to accommodate certain back configurations.
- 7. Back Height is measured from top of 3" cushion on seat.
- 8. N/A w/ flip-back arms, Shape Back or Plate Back, solid curved back required.

Quantum [®] 1103 Ultra Series September 28, 2010				
ARMRESTS ³				
Description	Price	HCPCS Code		
□Flip-back, Cane Mounted¹ □2-post, Flip-back, Height-adjustable, Removable¹ (9"-13" of height adjustment in 1" ir		e		
☐Single-post, Height-adjustable, Removable ²	No Charge			
□Quad Release Level	No Charge			
□Removable, Single-post,	No Charge	:		
Height-adjustable, Heavy Duty				
□Reclining, Flip-back □8"-9"H □10"-11"H				
□Pediatric, Removable ^{3,4}	No Charge			
■Match Shroud Color ■Black	No Charge	!		
■Quad Release Lever	No Charge	!		
(7 3/4" - 9 3/4" height adjustment in 1/2" increments from	om seat pan to top	o of armrest)		
□Cantilever Armrests ⁵	SOF			
Angle-Adjustable: - 30° through + 30°				
□Straight, Desk Length (2"x10") □Straight, Des	st Pad II Length (2"x14") sk Length (2"x10" ull Length (2"x14"	")		

	Oroup & original ower	Order i orini		
1	FRONT RIGGING ACCESSORIES			
I	Description	Price	HCPCS Code	
	□Wheel Bumpers	\$25		
	□Heel Loops (pair) ⁹	\$38	E0951	
	□Gel Neoprene Footrest Sleeve (pair)¹⁰	\$65	K0108	
	□ELR/ALR Adductor Buttons (pair)	\$100	K0108	
	□POSAlinc Knee Adductor for Swing-Away Legrests (pair)	\$464	K0108	
	□Residual limb Support-Left	\$300	E1020	
	□Residual limb Support-Right	\$300	E1020	

Order Form

Group 2 Single Power

MISC. FRONT RIGGING OPTIONS

□Waterfall, Desk Length (2"x10")

□No Front Riggings No Charge
□Base Mounted Foot Platfform Standard

HIGH MOUNT FOOT PLATFORM

□ High Mount Foot Platform \$450 K0108

■Waterfall, Desk Length (2"x10")

□10"-14" Ext.⁶ □14"-17" Ext.⁶

NON-POWERED FRONT RIGGINGS					
Description		Price	HCPCS Code		
□Standard Extension, 11"-13" □Standard Extension, 13"-16.5" □Standard Extension, 15.5"-19.5" □Angle-Adjustable Extension, 11"-13" □Angle-Adjustable Extension, 13"-16.5" □Angle-Adjustable Extension, 15.5"-19.5" □Multi-Axis Extension, 11"-16.5" □Multi-Axis Extension, 15.5"-19.5" High Mount, Clamp-On Footplate □Angle-Adjustable, Small □Angle-Adjustable, Large		Swing-awa No Charge So Charge No Charge No Charge			
□Multi-Axis, Small □Multi-Axis, Large HD Drop-In Footplate ⁶ □12"-14.5" Extension □14.5"-18" Extension		\$412 \$412 \$420 \$420			
Elevating Legrests ⁶ □Standard Extension, 11"-14" □Standard Extension, 14"-17" □Angle-Adjustable 12"-14.5" Extension □Angle-Adjustable 14.5"-18" Extension □1 Hole □3 Holes Pediatric Swing-Aways Legrests Extension Range 7" - 10"	□6 Holes	\$325 \$325 \$325 \$325	E0990 E0990		

FOOTPLATE OPTIONS

Footplates

□4x6

For Standard Swing-Away Extensions and Elevating Legrests.

□5x6

All sizes are no charge.

□7.25" x 6" □8.5" x 6"

Angle-Adjustable Footplates

Description Price HCPCS Code

No Charge

For Angle-Adjustable Swing-Away Extensions, HD Drop-Ins & ELRs

□Angle-Adjustable Footplates

□4" x 6" □5" x 6" \$150

□5" x 8" □6" x 8"7 \$150

□6" x 11"7 □8" x 11"8 \$150

Angle-Adjustable footplates are included in price of Heavy-Duty Drop-ins. (not reimbursable)

Multi-Axis Footplates

For Multi-Axis Swing-Away Extensions Footrests

□4" x 6" □5" x 6" \$495 □5" x 8" □6" x 8"⁷ \$495 □6" x 11"⁷ □8" x 11"⁸ \$495

FOOTNOTES

- 1. Swing-away laterals interfere.
- 2. 11-17 height adj., 3" on top in 1/2" increments
- 3. 7.75"-9.75" height adjustment in .5" increments.
- 4. Not available with full length armrests.
- Height Adjustment 11" 17" depends on back cane height. N/A w/ manual recline, flip-forward back canes, Cane Clamp Push Bar, Shape Back, Sling back & Specialty Seat Call for details when selecting aftermarket arm troughs or Universal Swivel w/ desk length arms.
- 6. Extensions are measured from top of seat pan to foot plate.
- Only available on seat sizes 20" wide or greater.
- 8. Only available on seat sizes 20" wide or greater
- 9. Standard with angle-adjustable foot plates.
- 10. Available with swing-away foot rests.

Quantum® 1103 Ultra Series	Septemb	er 28, 2010
HEADRESTS		
Description	Price	HCPCS Code
□No Headrest Required		
TRU-Comfort™		
■8" Wide Leatherette	\$205	E0955
□10" Wide Leatherette	\$205	E0955
□Removable Headrest Bracket	\$210	E1028
Stealth		
□Small (9.75"W x 3"H)	\$205	E0955
□Large (11"W x 6"H)	\$205	E0955
□Small Comfort Plus (10"W)	\$205	E0955
□Large Comfort Plus (14"W)	\$205	E0955
□Removable Headrest Bracket	\$210	E1028
■Swing-away (Flip-down) Headrest Bracket	\$210	E1028
Interfaces with any headrest that uses 1/2":	square down-tube	9.
Medical Applications		
□Small (9.75"W x 3"H)	\$230	E0955
□Large (11"W x 6"H)	\$230	E0955
□Removable Headrest Bracket	\$235	E1028
□Fixed, Offset Mounting Bracket	No Charge)
□Reclining Headrest (6.5"W x 7"H)	\$205	E0955
☐Removable Bracket for Reclining Headrest	\$210	E1028
For use on recline systems only.		
Aftermarket Bracket		
☐ Removable Bracket for Aftermarket Headrest	\$210	E1028

Group 2 Single Power	O	rder Form
ACCESSORIES		
Description	Price	HCPCS Code
□Oxygen Holder ^{3,4,5}	\$150	E2208
□Weather Cover, Medium, Black	\$158	
□Accessory Mounting Bracket	\$50	
(1" adaptor tube for use w/ TB Power Recline)	
□Cup Holder⁵ □Left □Right	\$17	
□38" Lap Belt	Standard	
□50" Lap Belt	Standard	
□60" Lap Belt	Standard	
□70" Lap Belt	Standard	
□80" Lap Belt	Standard	
□90" Lap Belt	Standard	
LOWEST SEAT-TO-FLOOR HEIGHTS	S ⁶	
Description	Lowest Seat	-to-Floor

17"

16.625"

DOCITIONING COMPONENTS		
POSITIONING COMPONENTS	Defe	1100000000
Description	Price	HCPCS Code
Stealth		
□125° Swing-Away Bracket (pair) ^{1,2}	\$420	E1028
For use with TRU-Comfort		
□Swing-Away Flush to 1" Offset,	\$450	E1028
Back Cane Mounted (pair) ²		
☐Thoracic Lateral Flat Pad, 3" x 5" (pair)	\$200	E0956
☐Thoracic Lateral Flat Pad, 4" x6" (pair)	\$200	E0956
☐Thoracic Lateral Curved Pad, 2" x 3" (pair)	\$200	E0956
☐Thoracic Lateral Curved Pad, 3" x 5" (pair)	\$200	E0956
☐Thoracic Lateral Curved Pad, 4" x 6" (pair)	\$200	E0956
□Removable Lateral Pelvic / Thigh Bracket (ea)	\$187	E1028
□Flip-down Lateral Pelvic / Thigh Bracket (ea)	\$210	E1028
☐Short Lateral Pelvic / Thigh Pad, 4" x 4" (ea)	\$90	E0956
☐Medium Lateral Pelvic / Thigh Pad, 4" x 8" (ea	\$90	E0956
□Long Lateral Pelvic / Thigh Pad, 4" x 12" (ea)	\$90	E0956

FOOTNOTES

TRU-Balance Tilt
TRU-Balance Recline

- 1. Available with TRU-Comfort.
- 2. Swing-away laterals interfere with flip-back armrest.
- 3. N/A on reclining seats.
- 4. Includes mounting bracket and hardware.
- 5. TRU-Balance Tilt with TRU-Comfort & O2 holder is custom.
- 6. All measurements +/- 1/8" with 18" x 18" seat, fixed towers, 300 lbs. weightcapacity and solid tires (add 3/8" with pneumatic tires). Increased widths may increase seat-to-floor height. Contact customer service for details. Listed measurements are in the lowest position. It does not include elevating systems.

Quantum [®] 1103 Ultra Series	Septer	nber 28, 2010	Group 2 Single Power	Order Form
VENT TRAY				
Description	Price	HCPCS Code	Notes	

☐ Compact Vent Tray

\$1,395

The addition of a compact vent tray may increase the length & weight of your power chair.

Mounts:

□Flush** □3" Offset*

☐6" Offset

- * N/A w/ flip-back cane mounted arms.
- ** N/A w/ power positioning systems.

Bracket selection is is not required with TB Recline, Tilt & Recline & TRU-Comfort, the bracket is preselected.

Depending on the COG, the 6" offset bracket used with the Synergy Seat or TB Tilt may increase the power chairs overall length by a minimum of 5". TRU-Comfort may increase the length by 6.5" (The bracket is pre-selected). TB Recline or TB Tilt & Recline may increase the length by 5.5" (The bracket is pre-selected).

-Can accomodate Pulmonetics LTV-style ventilators.

-Max Dim. 3.25" H x 10.5" W x 13.5" / 20 lbs.

- If a Compact Vent Tray is selected, 1 of 3 mounting brackets must also be chosen when used in conjunction with a TB Tilt seating system.
- 3" offset brackets or 6" offset brackets must be selected when used with an electronics box.
- N/A w/ an occupied transit kit.
- N/A w/ Shape Back or Sling Back.
- Must choose a back cane height of 22" or higher when a TRU-Balance Tilt or Lift & Tilt is chosen.
- Must choose a back cane height of 24" or higher when a TRU-Balance HD Tilt is chosen.
- N/A w/ rear mount acessories
- N/A on power positioning systems under 14" wide w/ flip-up armrests.
- N/A on Synergy manual recline, manual tilt, or flip-down back canes.
- Compact Vent is available in most configurations for 10"-24"W.

