

Custom Foot Platform Order Form

This form is not available with the Generation II Articulating Foot Platform or Center Mount Foot Platform.				
Account Number:	Date:	PO Number:		
Provider Name:		Marked for:		
Contact:		Ship to Address:		
Phone:	Fax:	City:	State:	Zip:
Email:				
Base Model:	Serial#:	Patient Weight:	Knee to Heel:	

This form is interactive when viewed as a PDF in most software. Complete the form by placing checks in the desired boxes and provide information in the interactive fields. Buttons shown at the bottom of the form may be utilized to print or submit the order form through a desktop email application. To email via a web-based application, please 'Save As' and attach the PDF to your email.

Please contact Quantum Sales at 866-800-2002 if assistance is needed. Send the completed order form by fax (866-707-3422) or email (quantumorders@pridemobility.com). All prices are MSRP. Prices, specifications, part numbers, and availability are subject to change without notice. ©2016 Quantum Rehab - A Pride Mobility Products Corporation company. All rights reserved.

