

E2617 & E2609 — BUNDLED PRICING

E2617 — Custom fabricated wheelchair back cushion
E2609 — Custom fabricated wheelchair seat cushion

Provider Information **REQUIRED*

Company Name: _____

Account Number: _____

Contact Name: _____

Phone Number: _____ Email: _____

Billing Address: _____

City, State: _____ Zip Code: _____

Shipping Address: _____

City, State: _____ Zip Code: _____

☐ Please select this box if you would like to receive digital renderings of the product prior to production.
Our seating products must be installed by Matrix Certified Providers and will not be drop shipped to end users.

Client Information **REQUIRED*

First & Last Name: _____

Client Height (in.): _____" Client Weight (lbs.): _____

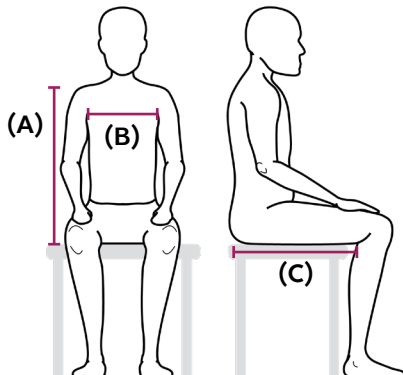
Special Considerations:

☐ Spasticity

☐ High Tone

☐ Other: _____

☐ History of Tissue Injury, Location: _____



Measurements: (inches)

(A) Top of Shoulder: LEFT _____" RIGHT _____"

(B) Axillia/Internal Shoulder Width: _____"

(C) Upper Leg Lengths: LEFT _____" RIGHT _____"

Wheelchair Information **REQUIRED*

Wheelchair Make: _____ Wheelchair Model: _____

Frame Width (in.): _____ Frame Depth (in.): _____

Seat Base Type:

☐ Solid Seat

☐ Sling Seat

Questions? Call 800.986.9319 or email at info@matrixseatingusa.com

Order form submission instructions can be found on the last page.



SELECT METHOD OF SUBMISSION — ***SHAPE CAPTURE or TAILORED-BY-NUMBER***



☐ Shape Capture via Scan App (Optical scan producing .OBJ file like Matrix Keen 3D, Scaniverse, etc)

For successful submission, please note the following:

ORDER FORM:

- Page 1 of the order form must be completely filled out
- Select the style of back support and/or cushion to be made along with appropriate options and modifications
- Any additional modifications needed must be detailed in the NOTES/SPECIAL INSTRUCTIONS (pgs 10-11)

SCAN:

- Digital .OBJ file scan of mold must be provided** to info@matrixseatingusa.com
no order can be processed without scans received
- Include any reference photos and ensure trim lines and other modification markups are visible

Proceed to **PRODUCT SELECTIONS on Page 3** (Page 7 if ordering cushion only)

☐ Tailored-By-Numbers

Proceed to **PRODUCT MEASUREMENTS** below

Product Measurements (inches)

A-E values needed for ordering a back support.
F-K values needed for ordering a cushion.

BACK SUPPORT

(A) Back Height _____" (PRB-HT)

Overall height of the back.

(B) Inside Lateral Width _____" (PRB-ILW)

Internal distance between laterals.

(C) Top of Lateral to Bottom of Back (PRB-LO)

From axilla to bottom of the back (top of the seat).

Patient LEFT _____" (PRB-LO-L)

Patient RIGHT _____" (PRB-LO-R)

(D) Lateral Start Height (PRB-LSH)

Distance from the bottom of the back (top of cushion) to the bottom edge of the lateral.

Patient LEFT _____" (PRB-LSH-L)

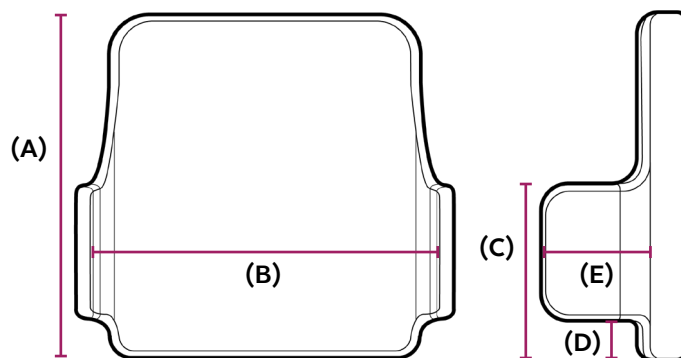
Patient RIGHT _____" (PRB-LSH-R)

(E) Depth of Laterals (PRB-LD)

Distance from the bottom of the back (top of cushion) to the bottom edge of the lateral.

Patient LEFT _____" (PRB-LD-L)

Patient RIGHT _____" (PRB-LD-R)



CUSHION

(F) Seat Width _____" (PRC-WD)

Distance from outside of lateral wall to outside of lateral wall.

(G) Seat Depth _____" (PRC-DP)

Overall distance from the front of the cushion, to the back edge.

(H) Leg Lengths (PRC-LA)

Only required if legs lengths are asymmetrical.

Patient LEFT _____" (PRC-LA-L)

Patient RIGHT _____" (PRC-LA-R)

(J) Abductor/Pommel Height (if any) _____" (PRC-ABD)

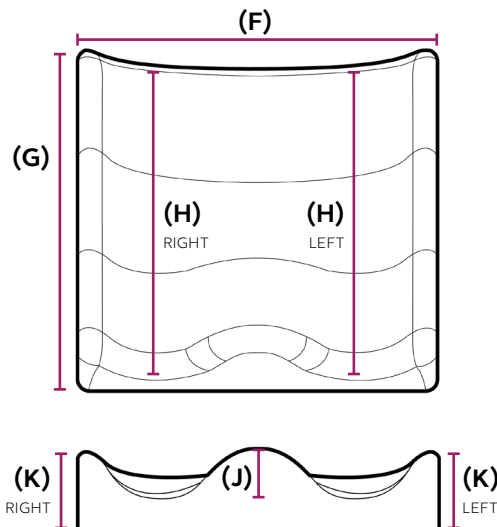
Abductor support, the standard cushion has a 1" pommel.

(K) Adductor Support (PRC-ADD)

The lateral walls of the cushion.

Patient LEFT _____" (PRC-ADD-L)

Patient RIGHT _____" (PRC-ADD-R)



SEP 1, 2026

E2617 Back Support Selection

If ordering a cushion only, skip to page 7.

☐ AIREZ Back Support (MACB-B)

\$4,545

3D printed from a proprietary high-strength nylon, providing exceptional durability, flexibility, and precision.

BACK WIDTH PRICING

Selection is for quoting purposes. Final pricing will be determined by final product width.

☐ <20" – Standard Trochanter Width (MACB-TSW-B)

☐ 21"- 24" – XL Trochanter Width (MACB-TXLW-B)

☐ >24" – Specialty Size (MACB-TSPW)

+\$795

Shell Style

☐ AIREZ Standard Shell (MACB-B)

Maximizes airflow for the coolest, driest sitting experience. This design provides exceptional strength and stability; strong enough to withstand tremors, tone, and spasms.

☐ Smooth Shell (MACB-S)

Features a refined, smooth printed outer layer for a more traditional look and easier cleaning, though airflow is significantly reduced.

☐ ABS-X Outer Shell (MACB-ABS)

Addition of this rigid outer layer allows for simple attachment of positioning accessories. Note: Areas covered by the ABS-X shell lose airflow.



+\$582

Back Mold Modifications

☐ Digital Relief (MACB-DR-B)

A Digital Relief is a precisely modeled off-loading zone built into a custom back support to accommodate bony prominences such as a gibbus deformity or rib hump. **Must notate location and shape on the shape capture bag or in NOTES/SPECIAL INSTRUCTIONS if submitting via Tailored-By-Number.

☐ Extend Patient LEFT Lateral Support _____" FORWARD of the line (MACB-EDL-L-B)

☐ Extend Patient RIGHT Lateral Support _____" FORWARD of the line (MACB-EDL-R-B)

☐ Increase Patient LEFT Lateral Support _____" ABOVE of the line (MACB-IHL-L-B)

☐ Increase Patient RIGHT Lateral Support _____" ABOVE of the line (MACB-IHL-R-B)

☐ Extend Back Height _____" ABOVE of the line (MACB-EBH-B)

Swing-Away Lateral + Hardware

Custom-shaped and sized swing-away laterals provide trunk support while allowing clearance for transfers. The desired cut line may be determined during shape capture or production, allowing a section of the custom-molded back to become the swing-away lateral while preserving the captured contours. The lateral cover will match the selected back cover.



☐ **Patient LEFT Swing-Away Lateral (SLAT-L)**

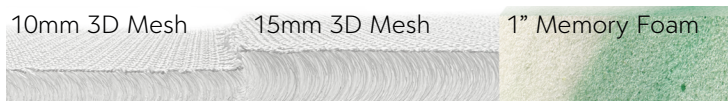
+\$1,340

☐ **Patient RIGHT Swing-Away Lateral (SLAT-R)**

+\$1,340

Note: If a second set of swing-away hardware is required to maintain lateral integrity, an additional \$450 charge per side will apply.

Back Liner Options



PRIMARY LINER (REQUIRED)

Select ONE primary liner. If no selection is made, 10mm 3D Mesh will be included.

☐ **Standard 3D Mesh Liner (10mm) (AFBS-B)**

Lightweight, soft, and highly breathable, promotes continuous airflow to reduce heat and moisture.

☐ **Therapeutic Premium 3D Mesh Liner (15mm) Upgrade (AFBU-B)**

Adds extra shock absorption and pressure relief while maintaining airflow and softness.

ADDITIONAL LINER (OPTIONAL)

Select UP TO ONE additional liner. Additional liners increase overall back thickness.

☐ **10mm 3D Mesh (AFBS-EX)**

+\$90

☐ **15mm 3D Mesh (AFBU-EX)**

+\$215

☐ **Add Memory Foam Liner (25mm) (MFBU-B)**

1" foam liner will be positioned between the back shell and primary liner. Note: Reduces airflow through the back.

Back Cover Options



PRIMARY COVER (REQUIRED)

☐ **AirMesh Spacer Fabric (CVRB-SF-B)**

Open mesh material for maximum airflow.

☐ **Dartex-Style Cover Upgrade (CVRB-DAR-B)**

Smooth, anti-microbial, silver-infused fabric. Note: Reduces airflow compared with standard AirMesh.

☐ **Reverse Dartex Exterior Cover Upgrade (CVRB-IP-B)**

Note: Significantly reduces airflow compared with standard AirMesh.

ADDITIONAL COVER (OPTIONAL)

☐ **Additional AirMesh Spacer Fabric Cover (CVRB-SF-EX)**

+\$445

☐ **Additional Dartex-Style Cover (CVRB-DAR-EX)**

+\$645

☐ **Additional Reverse Dartex Cover (CVRB-IP-EX)**

+\$695

☐ **Privacy Flap (PF)**

+\$180

Back Hardware Options



Side-mounted hardware provides two points of contact for increased stability and rigidity while keeping the rear of the back support open and accessible for adjustments during installation and fitting

☐ **Standard Side-Mounted 90° Fixed Hardware (SMH90-B)**

Our standard side-mounted hardware, providing maximum seat-depth, width, height, and angle/tilt adjustment. Isolated depth and angle adjustments allow fine-tuning without unintentionally shifting the other. The fixed two-point design provides a rigid, stable connection while keeping the rear of the back support accessible. Mounts to wheelchair canes using cane clamps.

☐ **Add Side-Mounted 90° Fixed Hardware (SMH90-EX)**

+\$695

Additional 90° Fixed Hardware rule: Required for backs greater than 22" tall or clients 300 lbs. and above. May also be required for severe spasticity or extensor tone.



☐ **Side-Mounted 45° Quick Release Hardware (SMH45-B)**

A compact side-mounted option for applications requiring less adjustment. The angled configuration keeps the rear of the back support accessible while providing quick-release removal. Mounts to wheelchair canes using cane clamps.

45° Quick Release eligibility: Available for backs 22" tall or less and clients under 300 lbs.



☐ **Ultra Lightweight (VTMH-B)**

Our lightest, low-profile hardware with ample adjustability for most users. Ideal for self-propelling manual wheelchair users. Adjustability: Radial Rotation, Angle/Tilt, Offset Left/Right, Width.

ULTRA LIGHTWEIGHT HARDWARE ATTACHMENT OPTIONS:

☐ **Fixed Hardware (FX-B)**

☐ **Quick Release Hardware Upgrade (QR-B)**

☐ **Cane Claw Clamps (CC-B)**

NOTE: This is standard if nothing is selected.

☐ **Alternative: Flat Surface Mount (instead of Cane Claw Clamps) (SM-B)**



☐ **Radian 360 (RAD-B)**

Ball-and-socket hardware providing maximum positioning flexibility. Ideal for users requiring extensive adjustability, tilt-in-space applications, or power wheelchairs with canes.

Adjustability: Radial Rotation, Horizontal Rotation, Angle, Depth, Width, Offset.

☐ **Add Additional Radian 360 (RAD-EX)**

+\$695

Required for backs height 29" or more, clients over 250lbs, or for those with severe spasticity or extensor tone.

RADIAN 360 HARDWARE ATTACHMENT OPTIONS:

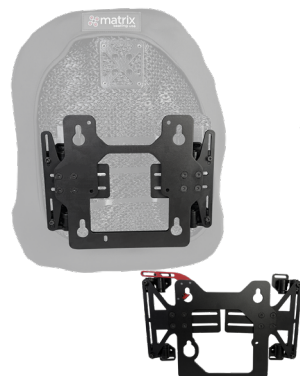
☐ **Fixed Hardware (FX-B)**

☐ **Quick Release Hardware Upgrade (QR-B)**

☐ **Cane Claw Clamps (CC-B)**

NOTE: This is standard if nothing is selected.

☐ **Alternative: Flat Surface Mount (instead of Cane Claw Clamps) (SM-B)**



☐ **Power Wheelchair Interface (PWCI-B)**

A lightweight bracket system that mounts Matrix back supports to compatible power wheelchair bases while maintaining the breathable back design.

NOTE: Not compatible with Invacare/Motion Concepts Power Recline Actuators.
Wheelchair make and model are required to ensure the correct bracket is supplied.

Wheelchair Make: _____ **Model:** _____

Omit Hardware Options

☐ Omit Hardware (RAD-O)

Include Hardware Installation Interface Only

The following option does not include hardware, just interfaces and pre-installed T-nuts for aftermarket hardware installation.

☐ Center Mount Hardware Interface (CMI-B)

Back Support Accessories

☐ Universal Headrest Mount (CFI-HR-B)

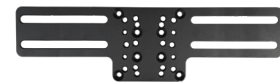
Provides a stable, standardized interface for attaching most industry headrest systems. Mounting T-nuts are pre-installed in the back support.



☐ Omit Installation (CFI-O)

☐ Accessory Mounting Rails on Headrest Mount (MACB-IM-B)

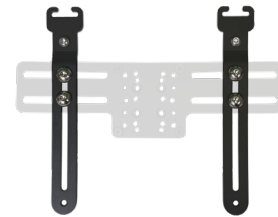
Provides an integrated solution for attaching secondary supports and accessories to the back support. Mounting T-nuts are pre-installed in the back support.



☐ Omit Installation (MACB-O)

☐ Shoulder Harness Guides (MACB-SHG-B)

Adjustable guides that attach to the accessory mounting rails for shoulder harness positioning.



☐ Omit Installation (MACB-SHG-O)

☐ Shoulder Harness T-Nut Pattern Upgrade (CFI-STP-B)

Standard pattern of pre-installed T-nuts for easy shoulder harness installation.

☐ Custom T-Nut Pattern Upgrade (CFI-CTP-B)

Allows clinicians to specify custom T-nut locations on the back support for specialized harness setups, adaptive accessories, or non-standard mounting positions.

****Indicate T-nut locations on the shape capture bag or in NOTES/SPECIAL INSTRUCTIONS if submitting via Tailored-By-Number.**

Growth Option

☐ Growth Kit (MACB-GK)

+\$595

The AIREZ back growth kit allows for one growth adjustment, during a 24-month coverage period. The growth adjustment only covers back height or back width. Changes in body shape or postural alignment cannot be accommodated through the growth kit.

Cushion selection and options are on pages 7-10.

Please add NOTES/SPECIAL INSTRUCTIONS at the end of the order form, pages 10-11.

PRODUCT SELECTIONS

E2609 Cushion Selection

AIREZ CUSHION

☐ AIREZ 2.0 Cushion (MACSC-B)

Custom 3D printed cushion using the Golden Ratio, a proprietary blend of soft, medium, and firm elastomer fibers in a single multi-density lattice. Open lattice design provides 360° airflow that flushes heat and moisture for cooler, drier sitting. The hydrophobic material allows fluids to pass through rather than absorb, with a built-in collection tray that prevents leaks, even when tilted or reclined, and cleans easily.



\$3,495

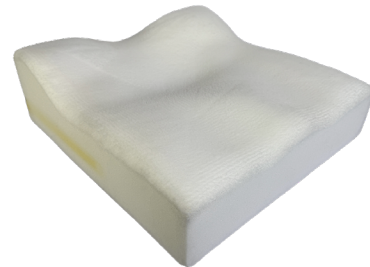
POSTURE-FIT FOAM CUSHION

☐ Posture+ Foam Cushion (MCSC-PP-B)

A higher-density foam, engineered to provide both exceptional support and comfort for patients requiring precise positioning.

☐ Relief+ Foam Cushion (MCSC-RP-B)

A softer and more versatile foam option, crafted to provide gentle, pressure-relieving support.



\$3,250

\$3,250

CUSHION WIDTH PRICING

Selection is for quoting purposes. Final pricing will be determined by final product width.

☐ 10"- 20" — Standard Width (SS-W-B)

☐ 21"- 24" — XL Width (SS-XL-W-B)

☐ >24" — Specialty Width (SS-SP-W)

+\$495

Cushion Cover Options



☐ AirMesh Spacer Fabric (CVRS-SF-B)

Open mesh material for maximum airflow.

☐ Additional AirMesh Spacer Fabric Cover (CVRS-SF-EX)

+\$225

☐ Dartex-Style Cover Upgrade (CVRS-DAR-B)

Smooth, anti-microbial, silver-infused fabric. Note: Reduces airflow compared with standard AirMesh.

☐ Additional Dartex-Style Cover (CVRS-DAR-EX)

+\$320

☐ Incontinence Cover Upgrade (CVRSI-IP-B)

***Recommended only when incontinence protection is clinically necessary. Note: Significantly reduces airflow through the AIREZ cushion.

☐ Additional Incontinence Cover (CVRSE-IP-EX)

+\$325

☐ Add Velcro-Style Attachment (CVRSE-VA)

+\$30

Allows the Incontinence Cover to be used externally and attached directly to the seat pan.

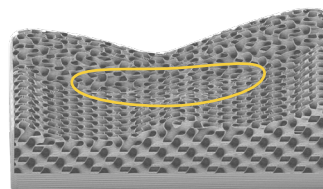
Cushion Modification Options

☐ Pressure Relief Zone (AKA Soft Spot) (SC-PRZ-B)

*Available for AIREZ **and** Posture+ foam cushions only.

A targeted area of softer support that allows increased immersion and reduces loading over a specific region.

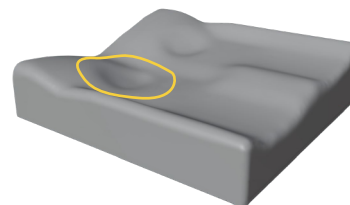
**Indicate the desired location and shape on the shape capture bag or in NOTES/SPECIAL INSTRUCTIONS if submitting via Tailored-By-Number.



☐ Digital Offload (SC-SS-DR-B)

A precisely defined area where material is removed to reduce or eliminate contact and loading over sensitive or high-risk anatomy.

**Indicate the desired location and shape on the shape capture bag or in NOTES/SPECIAL INSTRUCTIONS if submitting via Tailored-By-Number.

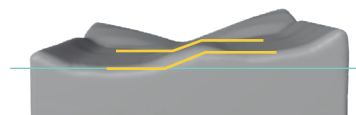


☐ Pelvic Obliquity Build Up (Correct or Accommodate) (SC-PO-B)

A customized increase in cushion height on one side to correct or accommodate a pelvic obliquity.

☐ Patient LEFT - Increase height by _____"

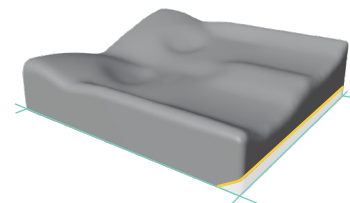
☐ Patient RIGHT - Increase height by _____"



☐ Undercutting (Front Undercut) (SC-UCT-B)

Removes material from the front underside of the cushion to provide clearance beneath the distal thighs. Standard undercut is 1" unless otherwise specified.

Undercut the front of the cushion by _____"

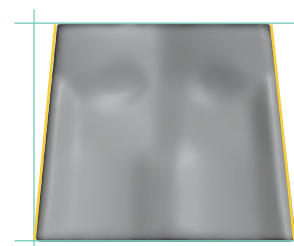


☐ Tapered Cushion (SC-TAP-B)

Narrows the front or rear of the cushion to better fit the wheelchair frame and accommodate the client's body dimensions.

Front Width _____"

Rear Width _____"



☐ Notched Cushion (SC-NOT-B)

Cutouts/recessed areas to accommodate back canes, seat belts, or other wheelchair components.

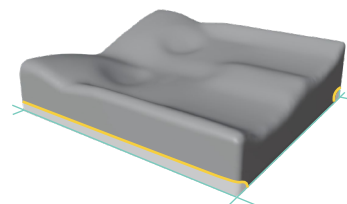
☐ Back Canes (SC-NOT-BC-B)

☐ Seat Belt (SC-NOT-SB-B)

☐ Front Notches (SC-NOT-F-B)

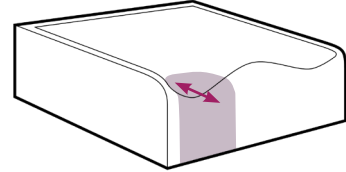
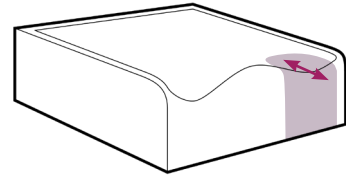
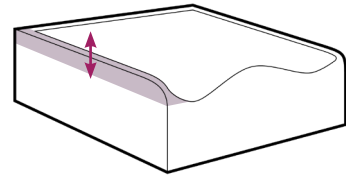
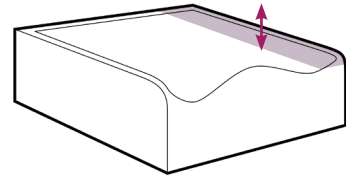
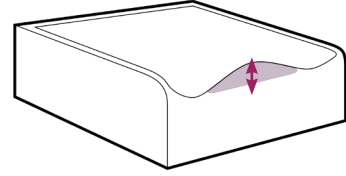
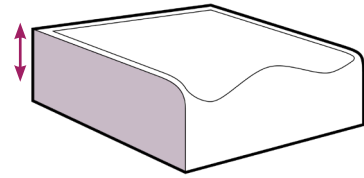
☐ Rail Cutouts (SC-NOT-RC-B)

**Must notate shape and location on the shape capture bag or in NOTES/SPECIAL INSTRUCTIONS if submitting via Tailored-By-Number.



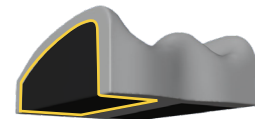
Cushion Contour Modifications

- ☐ **Seat Height (Cushion Thickness)**
 - ☐ Increase overall height by _____" (SC-THI-B)
 - ☐ As low as possible (SC-THD-B)
- ☐ **Medial Thigh Support (Pommel/Abductor Height)**
 - ☐ Eliminate Completely (SC-MTE-B)
 - ☐ Increase height by _____" (SC-MTI-B)
 - ☐ Decrease height by _____" (SC-MTD-B)
- ☐ **Patient LEFT Lateral Thigh Support (Adductor Height)**
 - ☐ Eliminate Completely (SC-LLTE-B)
 - ☐ Increase height by _____" (SC-LLTI-B)
 - ☐ Decrease height by _____" (SC-LLTD-B)
- ☐ **Patient RIGHT Lateral Thigh Support (Adductor Height)**
 - ☐ Eliminate Completely (SC-RLTE-B)
 - ☐ Increase height by _____" (SC-RLTI-B)
 - ☐ Decrease height by _____" (SC-RLTD-B)
- ☐ **Patient LEFT Leg Length**
 - ☐ Longer than Shape Capture by _____" (SC-CL-ALL-B)
 - ☐ Shorter than Shape Capture by _____" (SC-CL-ALS-B)
- ☐ **Patient RIGHT Leg Length**
 - ☐ Longer than Shape Capture by _____" (SC-CL-ARL-B)
 - ☐ Shorter than Shape Capture by _____" (SC-CL-ARS-B)

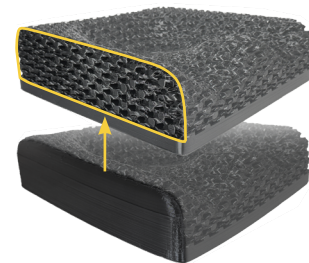


Lateral Thigh Modifications

- ☐ **Additional Lateral Thigh Reinforcement (SC-LR)**
AIREZ cushions include lateral thigh reinforcement as standard.
 Additional ABS reinforcement may be required for extremely high or narrow lateral walls to provide increased rigidity and postural stability.
- ☐ **Remove Lateral Thigh Reinforcement *AIREZ ONLY* (SC-RLTR)**
 AIREZ cushions include lateral thigh reinforcement as standard. Select this option to remove the reinforcement for a more open, flexible lattice design along the side and rear walls. Removing reinforcement may reduce fluid containment when the seating system is tilted.
*****Note: Matrix will review all reinforcement-removal requests for structural integrity. If reinforcement is required, the ATP will be contacted. If no response is received within 48 hours, the cushion will be produced with standard reinforcement to avoid delaying production.*****



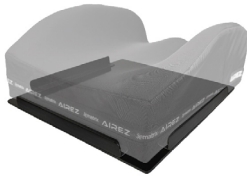
+\$260



Cushion Accessory Options

☐ **Seat Positioning Tray** (SC-SPT)

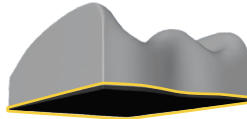
The seat positioning tray is an ABS rigid base that mimics the cushion's underside and velcros securely onto the seat pan. Side and rear tabs guide the cushion back into proper alignment after removal.



+\$545

☐ **Integrated Rigidizer (SSMP)**

Adds structural support to help maintain cushion shape, improve stability, and reduce seat-sling hammocking. AIREZ cushions receive an internal lightweight aluminum rigidizer. For AIREZ cushions over 21" wide or clients 250 lbs. and above, external ABS reinforcement is also added. Foam cushions receive external ABS reinforcement. Important: A rigidizer is never automatically added. This remains a selectable, charged option.



+\$495

☐ **Gel Insert *FOAM CUSHION ONLY*** (SC-GEL)

The gel is inserted under the ischial and sacral areas and layered with 1" memory foam on top.

+\$998

Growth Option

☐ **Growth Kit** (SC-GK)

The AIREZ back growth kit allows for one growth adjustment, during a 24-month coverage period. The growth adjustment only covers back height or back width. Changes in body shape or postural alignment cannot be accommodated through the growth kit.

+\$498

Other

☐ **Eliminate Back of Cushion** (SC-EBC)

A backless cushion that allows for seat depth adjustment.

+\$140

☐ **Custom Foot Box (MCFB)**

Must contact Matrix Seating USA for configuration information and pricing -1(800)986-9319 or info@matrixseatingusa.com

NOTES/SPECIAL INSTRUCTIONS

[illegible]

Additional space for notes and order form submission instructions on the next page

ORDER FORM SUBMISSION

1. Confirm that the 'Client Information' and 'Wheelchair Information' sections are complete.
2. If Shape Capture was performed, scans and reference photos must be submitted with order forms to begin processing of order. Not providing scans will delay delivery time.
3. Input any additional notes or comments necessary for manufacturing. This can include accessory requests, desired dimensions, or other adjustments.
4. **Submit the form!**
 - To submit via email: save the completed form to your device and email it to **info@matrixseatingusa.com** along with any reference photos and shape capture files if applicable.
 - To submit via fax: print a completed copy and fax it to (800) 986-9319