

BUNDLED PRICING OPTIONS

(E2617 and E2609)

PROVIDER INFORMATION

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.

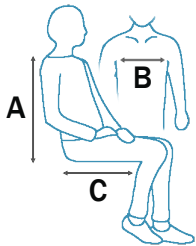
CLIENT INFORMATION

First and Last Name: _____

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

Special Considerations: Spasticity High Tone Other: _____

History of Tissue Injury, Location: _____



(A) Top of Shoulder (in.): LEFT _____ RIGHT _____

(B) Axilla/Internal Shoulder Width (in.): _____

(C) Leg Lengths (in.): LEFT _____ RIGHT _____

WHEELCHAIR INFORMATION

Wheelchair Make: _____ Wheelchair Model: _____

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

Seat Base Type: Solid Seat Sling Seat

Questions? Call us!
(800) 986-9319

Or email: info@matrixseatingusa.com

Order form submission instructions can be
found on page 9.

BUNDLED PRICING OPTIONS

(E2617)

AIREZ CUSTOM BACK OPTIONS

AIREZ PROTEUS BACK (MACB-B) **\$4,198**

Standard configuration includes:

- 3D-printed, ultra-lightweight breathable and adjustable back
- Breathable and lightweight mesh liner
- Custom-fitted breathable spacer fabric cover

ABS-X (MAB-ABS) **+ \$485**

The same AIREZ back with an additional ABS-X shell. The ABS-X shell increases rigidity and support for high tone or spastic clients. While also accommodating additional accessory mounting.

AIREZ SMOOTH (MAB-S) **No Charge**

This option creates a smooth back surface, instead of the hallmark open wave pattern seen on the original AIREZ.

Note: This option does reduce airflow compared to the original AIREZ.

BACK MEASUREMENTS

(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 THE BACK (PRB-LO)

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

① Patient Left: _____” (PRB-LO-L)

② 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.

① Patient Left: _____” (PRB-LSH-L)

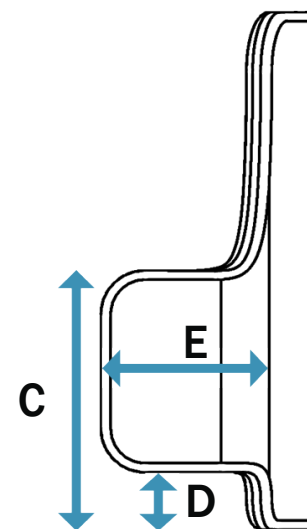
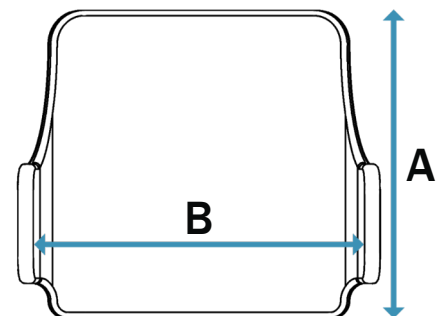
② Patient Right: _____” (PRB-LSH-R)

(E) DEPTH OF LATERALS (PRB-LD)

From the front edge of the lateral, to the starting point of the lateral on the back.

① Patient Left: _____” (PRB-LD-L)

② Patient Right: _____” (PRB-LD-R)



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BACK HARDWARE OPTIONS

CENTER MOUNTED

- Ultra Lightweight** (VTMH-B)
Slim profile, lightweight, and moderately adjustable - works with all chair types.
- Radian 360** (RAD-B)
Robust with maximum adjustability - requires round canes.

DIRECT CANE MOUNTED

- VersaMount 2-Point with Seat Bracket** (VRMH-2-B)
Heavy-duty knob and bracket hardware - for tilt-in-space & non-folding manual chairs.
Includes: a universal T-nut pattern installed onto the back (CFI-UTP), and a seat positioning tray (SC-SPT) with a pre-installed universal T-nut pattern.
- VersaMount 4-Point** (VRMH-4-B)
Heavy-duty knob hardware with 4 contact points.

DIRECT TO BACK MOUNTED

- Power Wheelchair Interface** (PWCI-B)
Easy installation, minimal seat depth loss, and moderate adjustability - PWCs only.
The Power Wheelchair Interface adapts to various mounting brackets, including but not limited to: TruBalance 3 and 3-HD, TruBalance 4, Edge Stretto, Permobil 3G, Rovi, and Merits power wheelchairs.

OMIT HARDWARE

- Omit Hardware** (RAD-O) No charge
The following options do not include hardware, just interfaces and pre-installed T-nuts for aftermarket hardware installation.
- Center Mount Hardware Interface** (CMI-B)
Printed interface with pre-installed T-nuts for aftermarket center mounted hardware installation.
- VersaMount 2-Point Hardware Interface** (VRMH-02-B)
Printed interface with pre-installed T-nuts for aftermarket knob and bracket hardware installation with a seat bracket.
Includes: a universal T-nut pattern installed onto the back (CFI-UTP), and a seat positioning tray (SC-SPT) with a universal T-nut pattern.
- VersaMount 4-Point Hardware Interface** (VRMH-04-B)
Printed interface with pre-installed T-nuts for aftermarket 4-point hardware installation.



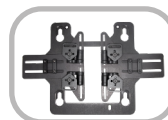
ULTRA LIGHTWEIGHT HARDWARE (VTMH)
Chair Types: Any
Rotation: 15° Depth Adjustment: 0 - 3"



VERSAMOUNT 4-POINT (VRMH-4)
Chair Types: Any
Rotation: 5° Depth Adjustment: 0 - 5"



RADIAN 360 HARDWARE (R360)
Chair Types: Any
Rotation: 360° Depth Adjustment: 0 - 5"



POWER WHEELCHAIR INTERFACE (PWCI)
Chair Types: Power Wheelchairs ONLY
Rotation: 10° Depth Adjustment: 1-3"



VERSAMOUNT 2-POINT WITH BRACKET (VRMH-2)
Chair Types: Any
Rotation: 360° Depth Adjustment: 0 - 5"

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(E2617)

BACK HARDWARE MOUNTING OPTIONS

- Cane Claws - Round Mount (R360-CC)
- Surface Mount - Flat Mount (R360-SM)
- Quick Release Hardware Upgrade (R360-QR)

BACK LINER OPTIONS

- 3D Mesh Liner (Standard)
- Therapeutic Premium 3D Mesh Liner Upgrade (AFBU-B)
Recommended for users with compromised skin integrity or requiring tilt for pressure relief.
- Additional Therapeutic Mesh Liner, Installed (AFBU-EX) \$177
Note: The secondary liner may reduce positioning accuracy.
- Memory Foam Liner Upgrade (MFBU-B)
Note: The memory foam liner does reduce airflow through the back.

BACK COVER OPTIONS

- Spacer Fabric Cover (Standard)
Open mesh material for maximum airflow.
- Additional Spacer Fabric Cover (CVRB-SF) \$345
- Dartex-Style Cover Upgrade (CVRBU-DAR-B)
Smooth, and anti-microbial with silver-infused fabric.
- Additional Dartex-Style Cover (CVRB-DAR) \$550

ADDITIONAL BACK COVER OPTIONS

- Additional Incontinence-Proof Exterior Cover (CVRB-IP) \$550
Smooth, waterproof, and wipeable - a reverse dartex-style cover.
- Privacy Flap (R360-PF) \$150

BACK ACCESSORIES

- Universal Headrest Mount (CFI-HR-B)
 - Omit Installation (CFI-O-B)
- Accessory Mounting Rails (MCB-IM-B)
 - Omit Installation (MCB-O)
- Shoulder Harness Guides (MCB-SHG-B)
 - Omit Installation (MCB-SHG-O)

BUNDLED PRICING OPTIONS

(E2617)

GROWTH OPTIONS

- Growth Kit** (MCB-GK) \$486

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 options are on the following pages.

BUNDLED PRICING OPTIONS

(E2609)

CUSTOM CUSHION OPTIONS

AIREZ PROTEUS CUSHION

\$3,219

Standard configuration includes:

- Waterproof interior cover
- Custom-fitted breathable spacer fabric cover

THE ORIGINAL AIREZ (MACSC-B)

A completely 3D printed cushion. The solid base layer provides rigidity and support. Meanwhile the soft top layer provides comfort and airflow.

POSTURE-FIT PROTEUS FOAM CUSHION

\$3,219

Standard configuration includes:

- Waterproof removable interior cover
- Custom-fitted breathable spacer fabric cover

POSTURE+ FOAM (MCSC-PP-B)

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

RELIEF+ FOAM (MCSC-RP-B)

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

PLEASE SELECT
THE TYPE OF
FOAM:

CUSHION MEASUREMENTS

(A) SEAT WIDTH (PRC-WD)

Distance from outside of lateral to outside of lateral.

_____”

(B) SEAT DEPTH (PRC-DP)

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

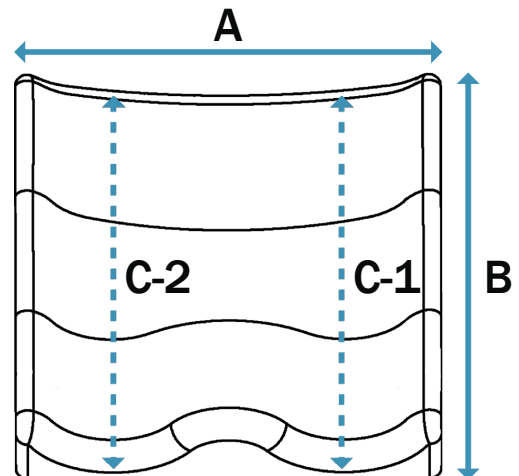
_____”

(C) LEG LENGTHS (PRC-LA)

Only required if legs lengths are asymmetrical. The lateral walls of the cushion.

① Patient Left: _____” (PRC-LA-L)

② Patient Right: _____” (PRC-LA-R)



BUNDLED PRICING OPTIONS

(E2609)

CUSHION MEASUREMENTS

Ⓓ PUMMEL HEIGHT (if any) (PRC-ABD)

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

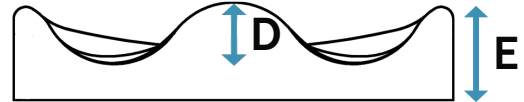
_____”

Ⓔ ADDUCTOR SUPPORT (PRC-ADD)

The lateral walls of the cushion.

① Patient Left: _____” (PRC-ADD-L)

② Patient Right: _____” (PRC-ADD-R)



CUSHION HARDWARE & INSERTS

- | | | |
|---|----------|-------|
| <input type="checkbox"/> Integrated Mounting Platform ³ | (SSMP) | \$395 |
| <input type="checkbox"/> Seat Positioning Tray | (SC-SPT) | \$350 |
| <input type="checkbox"/> Lateral Thigh Support Reinforcement ⁴ | (SC-LR) | \$190 |
| <input type="checkbox"/> Gel Insert ⁵ | (SC-GEL) | \$998 |

³ For sling seats; works with both AIREZ cushions, and Posture-Fit Foam cushions.

⁴ Increases the lateral thigh support rigidity. Applicable only to Posture-Fit Foam cushions.

⁵ The gel is inserted under the ischials and sacral area, and layered with 1” memory foam on top.

CUSHION COVER OPTIONS

- | | | |
|--|---------------|-------|
| <input type="checkbox"/> Spacer Fabric Cover
<i>Open mesh material for maximum airflow.</i> | (Standard) | |
| <input type="checkbox"/> Additional Spacer Fabric Cover | (CVRS-SF) | \$200 |
| <input type="checkbox"/> Dartex-Style Cover Upgrade
<i>Smooth, and anti-microbial with silver-infused fabric.</i> | (CVRSU-DAR-B) | |
| <input type="checkbox"/> Additional Dartex-Style Cover | (CVRS-DAR) | \$295 |

ADDITIONAL CUSHION COVER OPTIONS

- | | | |
|---|------------|-------|
| <input type="checkbox"/> Additional Incontinence-Proof Interior Cover ^{6,7}
<i>A custom waterproof interior cover to protect the cushion.</i> | (CVRSI-IP) | \$295 |
| <input type="checkbox"/> Additional Incontinence-Proof Exterior Cover ⁷
<i>Smooth, waterproof, and wipeable - a reverse dartex-style cover.</i> | (CVRSE-IP) | \$295 |

⁶ Only recommended for patients with chronic incontinence.

⁷ Not recommended for use with Matrix AIREZ Cushions (MACSC).

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(E2609)

CUSHION MODIFICATIONS

- Pelvic Obliquity Build-Up (SC-PO-B)
 - LEFT (in.) _____
 - RIGHT (in.) _____
- Under-cut Front of Cushion (SC-UCT-B)
 - The undercut will be 1" unless otherwise specified below.*
 - Under-cut the front of cushion by (in.) _____
- Anti-Thrust (SC-ANT-B)
- Taper Cushion (SC-TAP-B)
- Full-Contact Cushion (SC-FC-B)

GROWTH OPTIONS

- Growth Kit (MCSC-GK) \$498
 - The AIREZ cushion growth kit allows for one growth adjustment, during a 24-month coverage period. The growth adjustment only covers cushion width, cushion depth, or cushion height.*

Additional notes & comments section is on the next page.

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ADDITIONAL NOTES OR COMMENTS

Order Form Submission:

- 1. Confirm that the 'Client Information' and 'Wheelchair Information' sections are complete.**
**Please note, our lead times are dependent upon complete and accurate information.*
- 2. Input any additional notes or comments necessary for manufacturing.**
This can include accessory requests, desired dimensions, or other adjustments.
- 3. Submit the form!**
 - To submit via email: *save the completed form to your device, and email it to info@matrixseatingusa.com*
 - To submit via fax: *print a completed copy and fax it to (800) 986-9319*