

BUNDLED AIREZ + SEAT CUSHION

(MACB-B) MATRIX AIREZ CUSTOM BACK MSRP: \$3550

HCPCS E2617

BACK OPTIONS

All Airez Custom Backs come with a custom molded back shell, ultra-lightweight adjustable inner shell, lightweight + breathable 3D mesh liner, breathable spacer fabric cover, and Radian 360 mounting hardware with cane mounting clamps (unless otherwise selected below.)

SPECIFY WIDTH (MUST CHOOSE ONE)

- (MAB-TSW)** Standard Trochanter Width <20"
- (MAB-TXLW)** XL Trochanter Width 21"-24"

HARDWARE OPTIONS (MUST CHOOSE ONE)

- (VTMH)** Ultra lightweight mounting hardware for manual wheelchair**
**Limited adjustability. Will replace included Radian 360 mounting hardware.
- (RAD-S)** Radian 360 mounting hardware, mounting width 10"-14"
- (RAD-M)** Radian 360 mounting hardware, mounting width 15"-18"
- (RAD-L)** Radian 360 mounting hardware, mounting width 19"-21"
- (RAD-XL)** Radian 360 mounting hardware, mounting width 22"-24"
- (RAD-O)** Omit Hardware

HARDWARE ACCESSORIES

- (R360-QR)** Quick Release Hardware Upgrade
- (R360-SM)** Surface Mount for Non-Round Attachment (omits cane clamps)
- (R360-XC)** Additional Pair of Mounting Clamps (check only one) **MSRP: \$230**
 - Round
 - Surface
- (R360)** Additional Radian 360 Mounting Hardware*** **MSRP: \$595**
***Required for clients whose back is equal to or taller than 29" or whose weight exceeds 250lbs or who presents with severe spasticity or extensor tone. Includes mounting clamps.

OPTIONAL LINER UPGRADE

- (AFBU)** Auxetic foam liner*
*Recommended for users with compromised skin integrity and/or requiring tilt for pressure relief.

OPTIONAL ALTERNATIVE COVER

- (CVRBU-DAR)** Dartex style (silver infused) (smoother skin contact)

COVER OPTIONS

- (CVRB-SF)** Additional Spacer Fabric Cover **MSRP: \$345**
- (CVRB-DAR)** Additional Dartex Style Cover **MSRP: \$550**
- (MCB-PF)** Privacy Flap



Airez with Radian 360 Hardware



Airez Inner Shell



Ultra Lightweight Mounting Hardware



Shoulder Harness Guides Installed

CHOOSE ANY ADDITIONAL ACCESSORIES

- (CFI-HR) Universal Headrest Mount Interface
- (MCB-IM) Integrated headrest / harness guides / accessories mount
- (MCB-SHG1) Shoulder harness guides installed**
**Note: Pictures of installation locations required.
- (MCB-SHG) Shoulder harness guides not installed, w/ mounting hardware



Integrated Accessories Mount

OPTIONAL SPECIFICATIONS

If no specifications are selected, the following will be manufactured as captured.

EXTENDED DEPTH LATERAL THORACIC SUPPORT

- (MCB-EDL-L) Extend LEFT lateral thoracic support ____" forward of line
- (MCB-EDL-R) Extend RIGHT lateral thoracic support ____" forward of line

INCREASED HEIGHT LATERAL THORACIC SUPPORT

- (MCB-IHL-L) Increase LEFT lateral thoracic support ____" above line
- (MCB-IHL-R) Extend RIGHT lateral thoracic support ____" above line

BACK HEIGHT EXTENSION

- (MCB-EBH) Extend back height ____" above line

(MCSC-B) MATRIX CUSTOM SEAT CUSHION MSRP: \$2695

HCPCS E2609

CUSHION AND COVER OPTIONS

All cushions are custom shaped from Auxetic foam and include Spacer Fabric outer cover and inner moisture resistant cover.

OPTIONAL ALTERNATE COVER

- (CVRSU-DAR) Dartex style with zip (silver infused) (smoother skin contact) **No Upcharge**
- (CVRS-IP) Incontinence-proof integrated liner upgrade **No Upcharge**

ADDITIONAL COVERS

- (CVRS-SF) Spacer Fabric with zip (breathable) **MSRP: \$200**
- (CVRS-DAR) Dartex style (silver infused) (smoother skin contact) **MSRP: \$295**
- (CVRS-IP) Incontinence-proof integrated liner upgrade **MSRP: \$65**
- (CVRSI-IP) Incontinence-proof interior cover with zip **MSRP: \$250**
- (CVRSE-IP) Add incontinence-proof exterior cover * **MSRP: \$250**

* Only recommended for patients with chronic incontinence.



*Matrix Custom Seat Cushion E2609
with Spacer Fabric Cover*

OPTIONAL

- (SSMP) Sling Seat Mounting Platform
- (INSERTSU) Adjustable Growth Insert*

MSRP: \$395

MSRP: \$1924

*Provides unlimited growth and adjustment during the two-year warranty period. Includes changes in body shape, pelvic alignment, width, length, and height. New covers must be purchased separately as needed.)



Adjustable Matrix Insert for E2609

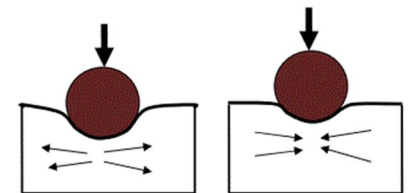
CUSHION SPECIFICATIONS

SPECIFY WIDTH (CHOOSE ONE)

- (SC-___) Standard Size 10"-20"
Specify Exact Width: _____"
- (SC-XL-___) XL Width 21"-24"
Specify Exact Width: _____"
- (SC-TW) Tapered Width
Front Width: _____" **Back Width:** _____"

SPECIFY LENGTH (CHOOSE ONE)

- (SC-CL-S) Equal to shape capture scan
- Longer than shape capture by _____"
- Shorter than shape capture by _____"



Conventional Foam

Auxetic Foam

OPTIONAL SPECIFICATIONS

If no specifications are selected, the following will be manufactured as captured.

ASYMMETRICAL LENGTH

- (SC-CL-AL) **Specify Length (LEFT)**
 - Equal to shape capture
 - Longer than shape capture by _____"
 - Shorter than shape capture by _____"
- (SC-CL-AR) **Specify Length (RIGHT)**
 - Equal to shape capture
 - Longer than shape capture by _____"
 - Shorter than shape capture by _____"

SITTING HEIGHT

Target height for front of cushion: Left Leg _____" Right Leg _____"

- (SC-TH) Equal to shape capture
- (SC-THI) Increase overall height by _____"
- (SC-THD) As low as possible

MEDIAL THIGH SUPPORT

- (SC-MT) Equal to shape capture
- (SC-MTE) Eliminate completely
- (SC-MTI) Increase by ____"
- (SC-MTD) Decrease by ____"

LEFT LATERAL THIGH SUPPORT

- (SC-LLT) Equal to shape capture
- (SC-LLTE) Eliminate completely
- (SC-LLTI) Increase by ____"
- (SC-LLTD) Decrease by ____"

RIGHT LATERAL THIGH SUPPORT

- (SC-RLT) Equal to shape capture
- (SC-RLTE) Eliminate completely
- (SC-RLTI) Increase by ____"
- (SC-RLTD) Decrease by ____"

- (SC-LR) **LATERAL THIGH SUPPORT REINFORCEMENT***

*Increases lateral thigh support rigidity. Increases overall cushion width by ½ " on each side.



 info@matrixseatingusa.com
 800 986 9319
 800 986 9319

PROVIDER INFORMATION

Account # _____
 Company Name: _____ Contact Name: _____
 Phone Number: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____
 Shipping Address**: _____
 City: _____ State: _____ ZIP: _____

** Our seating products must be installed by Matrix Certified Providers and will not be drop shipped to end users.

CLIENT INFORMATION

Client First and Last Name: _____
 Client Height: _____ Client Weight**: _____
 Wheelchair Make: _____ Model: _____
 Frame Width: _____ Frame Depth: _____



** Upgrades may be required for clients over 250 LBS.

MEASUREMENTS

Seat Base to Top of Shoulders**: _____ " Shoulder Width: _____ "
 Seat Base to Back of Knee: _____ " Hip Width: _____ "

** Additional hardware may be required if more than 29" high.

SHAPE PROVIDED BY (CHECK ONLY ONE)

- Matrix Keen3D! 
- Plaster Cast Mold  (If you must choose this option, we promise not to penalize you in any way, but please see last page for important instructions.)

BE SURE TO INCLUDE:

- Photos of Front and Side of client during shape capture
- Photos of the captured shape

ADDITIONAL COMMENTS OR INSTRUCTIONS**

**Call to determine how instructions may affect price.

IMPORTANT REMINDERS FOR PLASTER CAST MOLDS

1. First, ask yourself... “Do I really need to do a plaster cast when such an easy, accurate alternative is available in Matrix Keen3D?”
2. If the answer is, “No, why would I want to do that?”, then please contact us immediately to start using Matrix Keen3D!
3. If the answer is, regrettably, yes, then please indicate any necessary special notes (areas of flexibility, extra rows etc...) on the cast.
4. If hip/shoulder belt slits are needed in the cover, indicate appropriate placement on the plaster cast.
5. Draw a line around the edges of seat and back where you would like the Matrix custom seat and back to end.
6. Draw an arrow indicating the TOP of the cast and write the client’s name and company name.