

BUNDLED CUSTOM CUSHION PACKAGE

(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.

OPTIONAL

- (SSMP) Sling Seat Mounting Platform **MSRP: \$395**
- (INSERTSU) Adjustable Growth Insert* **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.)



Matrix Custom Seat Cushion E2609 with Spacer Fabric Cover



Adjustable Matrix Insert for E2609

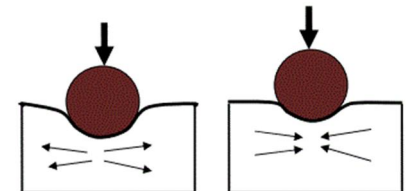
CUSHION SPECIFICATIONS

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
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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



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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.