

ITEMIZED CUSTOM CUSHION

(MCSC) MATRIX CUSTOM SEAT CUSHION MSRP: \$1995

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) **MSRP Upgrade: \$95**
- (CVRS-IP)** Incontinence-proof integrated liner upgrade **MSRP: \$65**

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 Original Matrix Growth Insert w/ Auxetic foam liner* **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

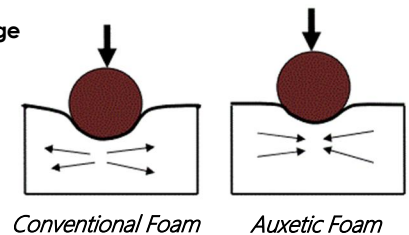
SPECIFY WIDTH (CHOOSE ONE)

- (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:** _____"

MSRP: No Upcharge

MSRP: \$130

MSRP: \$140



Conventional Foam

Auxetic Foam

SPECIFY LENGTH (CHOOSE ONE)

MSRP: No Upcharge

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

OPTIONAL SPECIFICATIONS

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

ASYMMETRICAL LENGTH

MSRP: \$140

(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

MSRP: No Upcharge

(SC-THI)

- Increase overall height by ____"

MSRP: \$140

(SC-THD)

- As low as possible

MSRP: \$140

MEDIAL THIGH SUPPORT

(SC-MT)

- Equal to shape capture

MSRP: No Upcharge

(SC-MTE)

- Eliminate completely

MSRP: No Upcharge

(SC-MTI)

- Increase height by ____"

MSRP: \$110

(SC-MTD)

- Decrease height by ____"

MSRP: \$110

LEFT LATERAL THIGH SUPPORT

(SC-LLT)

- Equal to shape capture

MSRP: No Upcharge

(SC-LLTE)

- Eliminate completely

MSRP: No Upcharge

(SC-LLTI)

- Increase by ____"

MSRP: \$110

(SC-LLTD)

- Decrease by ____"

MSRP: No Upcharge

RIGHT LATERAL THIGH SUPPORT

(SC-RLT)

- Equal to shape capture

MSRP: No Upcharge

(SC-RLTE)

- Eliminate completely

MSRP: No Upcharge

(SC-RLTI)

- Increase by ____"

MSRP: \$110

(SC-RLTD)

- Decrease by ____"

MSRP: No Upcharge

(SC-LR)

- LATERAL THIGH SUPPORT REINFORCEMENT***

MSRP: \$190

*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

