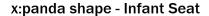
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**R82** by Etac Phone (877) 227-0097 | Fax (704) 882-0751

sales.us@etac.com

Company:		Ship To:	
Account Number:	Date:	Address:	
Quote: PO Number:		City:	State:
ATP:		Zip:	Phone:
Marked For:		Email/Fax:	

#### Associated Quote/Order#:

Effective: 2/3/2025

		Infant	1	2
	Effective seat width	8.5" 220 mm	8.5"/10.25"/11.75" 220/260/300 mm	11"/12.5"/14.25"/15.75" 280/320/360/400 mm
<u>\_</u>	Effective seat depth	4.75-6.25 <sup>-</sup> 120-160 mm	6.25-12.5 <sup>-</sup> 160-320 mm	9.5-16.5 <sup>-</sup> 240-420 mm
<u>I</u>	Backrest height	10.75-14.25" 270-360 mm	11-14.5"/12.5-16.5"/14.25-18.5" 280-370/320-420/360-470mm	13.5-17.25"/15-19.25"/17-22" 340-440/380-490/430-560 mm
L <u>e</u>	Max user mass	77.2 lb 35 kg	77.2 lb 35 kg	143.3 lb 65 kg
	Max user mass in transportation	77.2 lb 35 kg	77.2 lb 35 kg	143.3 lb 65 kg
<u>_</u>	Backrest angle	-10°- 30°	-10°- 30°	-10°- 30°
	Back width, top of backrest	7.5° 190 mm	7"/8.5"/10.25"/11.75"/13.5" 180/220/260/300/340 mm	7"/8.5"/10.25"/11.75"/13.5"/15" 180/220/260/300/340/380 mm
	Overall width	9.5" 240 mm	11.75"/15.75"/19.75" 300/400/500 mm	13.75"/18"/22"/26" 350/460/560/660 mm
	Mass device	13.2 lb 6 kg	14.3 lb 6.5 kg	24.3 lb 11 kg

Measurements taken with both legs in max abduction. Size 1-3 measurements are based on Advanced Seat.

### Seat Bases

 Please see measurement guide for growth information. A selection must be made in each section below.

 Set Base

 Includes base and plate

 Size 1 Infant Base
 \$811

 See chart above for size details

 Recline Options

 Selection Required

 Adjustable Stepless Recline, Toolless (K0108)

 \$434

 Adjustable Stepless Recline with Dynamic, Lock of Dynamic, Toolless (K0108)

### Back

Upper Back with Quick Release Mount

HCPCS Codes provided are based on code verification by the PDAC or our interpretation of the code definitions.

Proper use of HCPCS Codes does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.

\$255

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### **Cushions and Covers**

### **Seat Cushion**

### **Cushion Color**

Cushion including seat, back, seat pit, upper arm cushions. Order covers for side support bel	t
separately. Required Selection.	
Diale	NI/(

FILIK	N/C
Light Blue	N/C
Black Wipeable	\$21

# Extra Cover only

Select for an extra cover (no cushion). Comes uninstalled. Optional selection.	
Pink	\$179
Light Blue	\$179

### **Extra Cushion and Cover**

An extra cushion and cover set, in addition to the installed cushion and cover selected above. Comes uninstalled.

mes annistanea.	
Pink	\$332
Light Blue	\$332
Black Wipeable	\$357

## **Headrests and Hardware Options**

### **Headrest Style**

# Type of Head Support Includes Short Rod length. Includes Cushion.

\$220
\$220
\$271
\$271

### **Headrest Mounting Hardware**

2 pivot points,	standard 80mm roc	l, height adjustment rod 905037

Standard Mounting Hardware (E1028)

\$245



	Headrest Options	
	Knob replaces bolt for tool-less adjustment of headrest angle	
Ň	Daily Adjustment Kit Standard - Set of Two	\$31
	Daily Adjustment Kit Standard - Set of Three	\$46

## Vest, Straps and Belts

Side Supports Belts Infant Side Support Belt, Black Wipeable (E0978)	- 1	Side Support Extra Cover Extra Side Support Cover, Black, Wipeable Extra Side Support Cover, Black	\$97 \$97
Infant Side Support Belt, Black (E0978)	_\$215	Cross Vest	4000
		Cross Vest X-Small - S-P: 7.75" - 12.5" (E0960) Cross Vest Small - S-P: 10.75" - 13.5" (E0960)	\$202 \$202
Torso Vest			'
Torso Vest X-Small - S-P: 7.75" - 10.75" (E0960)	\$214	Padded Hip Belt	
Torso Vest Small - S-P: 10.75" - 12.5" (E0960)	\$214	4-Point Padded Hip Belt, 1" X-Small - H-H: 6.75" - 12.5"(E0978) 4-Point Padded Hip Belt, 1" Small - H-H: 8.25" - 13.75" (E0978)	\$143 \$143
		2-Point Pelvic Belt Black - L: 13-14.5" (E0978)	\$104
Trays and Accessories			
Tray and Activities Centres		Canopy	
Tray		Canopy Black Canopy - Size 1	\$332

\$153

#### **Canopy Brackets**

Canopy Brackets with Push Handle for Size 1 \$199

7.5"

Soft tray for Infant Seating, Black - W: 12.5" x L:

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### **Footrests for Mobility Bases**

ed mobility base below.
<b>ar</b> ting Bar - 6-10.5" (8910821-1)N/C
\$138 \$138 \$39 \$197
\$2630
\$875
\$224
\$330
\$175
\$475
3

# **Mobility Bases**

High-low:xo			
Manual Lifts Manual Lift - indoor Size 1 (K0108)	\$1937	Anti-Tips on the High-low:xo Anti-tips - Indoor Anti-tips - Outdoor	\$219 \$235
Power Lifts			
Indoor- power lift, Size 1 (K0108)	\$3113		
Push Brace for High-low:xo - Indoor			
Required for High-low:xo			
Fixed Angle Push Brace			\$194
Angle Adjustable Push Brace			\$411
Ki Mobility Bases			
Separate order form for base must be filled out. Order form is located	at www.kimobility.com. Foo	trests are not provided with base. If footrests are desired selection mu	ist be made below.

Tyke for x:panda Flip for x:panda N/C

N/C