

- Cash     Insurance  
 Grant     Other \_\_\_\_\_

# PER4MAX X-FIT

Rep.: \_\_\_\_\_  
 Event: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date: \_\_\_\_\_ SSN#: XXX - XX - \_\_\_\_\_  
 Age: \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_"  
 Disability: \_\_\_\_\_  
 Tel #: ( ) \_\_\_\_\_ - \_\_\_\_\_ (Home or Work)  
 Other Info: \_\_\_\_\_

## FRAME SPECIFICATION

### Model

X-FIT ..... Retail: \$2849

#### 1) Seat Width (E2201- WIDTH 20-24")

- 14"    15"    16"    17"    18"

#### 2) Seat Depth (E2203- DEPTH 20-22")

- 14"    15"    16"    17"    18"

#### 2a) Total Length \_\_\_\_\_"

#### 3) Rear Seat Height

- 15"    16"    17"    18"    19"    20"

#### 4) Front Seat Height

- 15"    16"    17"    18"    19"    20"

#### 5) Backrest Height

- 10"    12"    14"    16"    Other: \_\_\_\_\_"

- Back Height Adj.: From \_\_\_\_\_" to \_\_\_\_\_" ..... \$ 80

#### 6) Back Angle

- 0°    3°    5°    Other: \_\_\_\_\_°

#### 7) Foot Width

- 8"    9"    10"    11"    Other: \_\_\_\_\_"

#### 8) Lower Leg Length \_\_\_\_\_" (16", 17", etc.)

#### 9) Backrest To Center Axle (C.G)

- 0"    1"    2"    3"    Other: \_\_\_\_\_"

#### 9a) Center Axle to Caster Housing

- 14"    15"    16"    17"    Other: \_\_\_\_\_"

#### 10) Side Wheel Clearance

- 1"    1 1/2"    2"

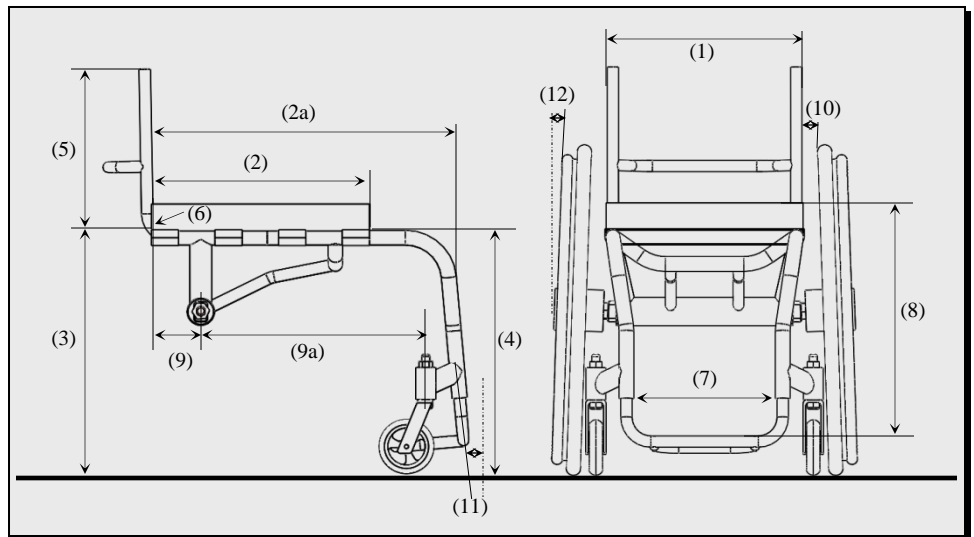
#### 11) Front End Angle Relative to Floor

- 85°    75°

#### 12) Camber Angle

- 0°    3°    6°    9°

# Notes:



\*Effective: July 2015

Pricing and specifications are subject to change without notice

Customer Service:  
 Telephone: 972-641-6773  
 Fax: 972-782-9011

**PER4MAX MEDICAL**  
 www.per4max.com  
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