

MOUNTING SELECTION SHEET

CLIEI	NT: The client is the pe	erson who will be receiving	g the equipment or servic	ces. (NOT FOR RENTAL. PUI	RCHASE ONLY FORM)
Client Last Name: First Name:					
Make/Model of Wheelchair: Device/Access Method:					
CON	TACT PERSON: Contac	ct person is the person wh	no would address any que	estions related to this Se	election Sheet.
Cont	act Last Name:		First Name	:	
Cont	act Information (phor	ne/email):			
		s are manufactured by Rehada lease attach a quote for that r			
4	specificed devi plate. If your d	is included with the Accent f ce. Select the device you will evice is not listed or a mount more options. <i>Custom mount</i> Accent 1000 (withou Via Pro	be using with this mount so plate is not needed, please t orders do not include a mo	o we can be sure to send y select "None of the above ount plate, but it may be pu NovaChat	ou the correct mount e" or contact your urchased separately.
Step A if only selecting wheelchair mounts, skip	Floorstands (E251			Table stands &	clamps (E2512)
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All Purpose Mounts (E2512) are available to accommodate variable or complex positioning of your speech-generating device in multiple locations such as wheelchair and bed/chair/floor/etc. The VarioLock with floating option and the TeleLock with quickpack option are not available for the All Purpose Mount. For pricing, configuration, and availability, contact your PRC-Saltillo consultant or the Funding Department.

*Due to the cost of this product, it may not be available for all funding sources. Contact the Funding Department with questions.

p A and continue to Step B



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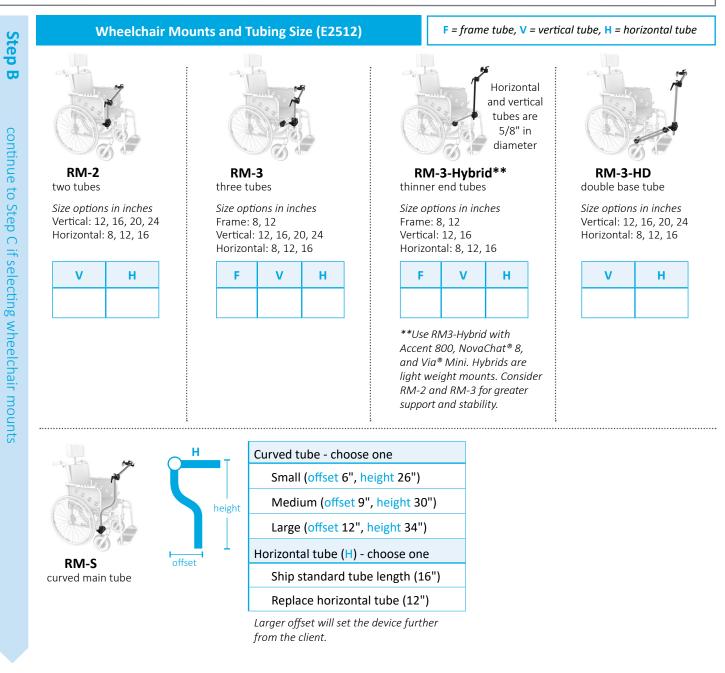
CLIENT: The client is the person who will be receiving the equipment or services.

Client Last Name: _

_ First Name: _

Contact Last Name: ____

First Name: ____



Wheelchair mounts are complex. We can help! If you have questions about a specific mount and/or frame clamp, please email mounting@prc-saltillo.com with front, back, left, and right side pictures of your wheelchair and they can assist you.



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