

MOUNTING SELECTION SHEET

CLI	ENT: The client is the pe	erson who will be receivin	g the equipment or servic	ces. (NOT FOR RENTAL. PU	RCHASE ONLY FORM)
			First Name:		
Make/Model of Wheelchair:			Device/Access Method:		
col	NTACT PERSON: Conta	ct person is the person wh	no would address any que	estions related to this S	election Sheet.
Contact Last Name:			First Name:		
Cor	ntact Information (phor	ne/email):			
All F		s are manufactured by Rehada lease attach a quote for that r			
Mounting Plate (E2599) The Mounting Plate is included with the Accent® 1400 and Accent 1000 with Look®, but NOT would like a plate sent for that device, list device model and serial number (if known):					
(0)	Floorstands (E2512)			Table stands & clamps (E2512)	
Step A if only selecting wheelchair mounts, skip				TS-XL	TS-GO
heelchair mounts	Pentalock Tele	TeleLock	VarioLock		
, skip	includes counterweight	add quickpack option*	add floating option*	TS-UC	ClampOnMount

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.

Step A and continue to Step B



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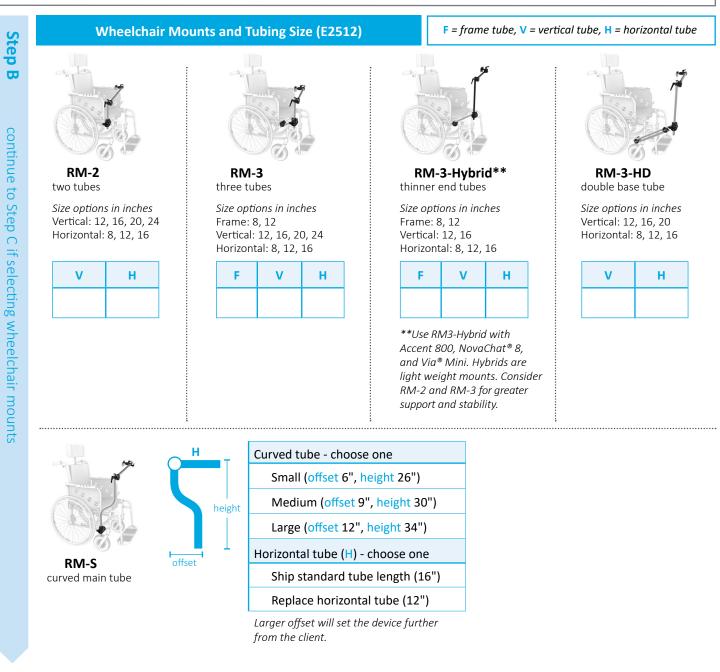
CLIENT: The client is the person who will be receiving the equipment or services.

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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