

ORDERING INFORMATION: PHONE: (02) 8858 9191 • FAX: (02) 9899 3084 • orders@sunrisemedical.com.au • www.sunrisemedical.com.au

ACCOUNT NO: _____ DATE: _____ P/O #: _____ MARKED FOR: _____ WHEELCHAIR MAKE / MODEL: _____ WHEELCHAIR WIDTH: _____	DROP SHIP / SHIP TO: NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ POSTCODE: _____ PHONE: _____ BUYER: _____
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STEP 1 - SELECT BACK

- SBK90XX Solid Back Package, Custom \$706
- ENC1000 Encompass 18" tall or less
 OR
 ENC1010 Encompass greater than 18" tall

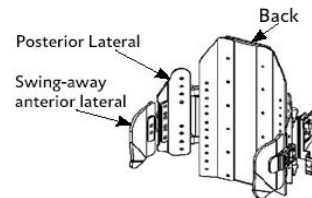
Packages Include:

- ENC1500 Removable Encompass Mounting Hardware
 HR0001 Universal Headrest Adapter Plate

NOTE: - Back sizes available in 1" increments only
 - Standard foam is 1" High Resiliency
 - Cover is black Air Exchange® contact surface / Dartex non contact surface
 - No other upholstery options are available

SELECT WIDTH & HEIGHT DIMENSIONS

- | | |
|---|--|
| Width Dimensions¹
<input type="checkbox"/> 14" <input type="checkbox"/> 18" <input type="checkbox"/> 22"
<input type="checkbox"/> 15" <input type="checkbox"/> 19" <input type="checkbox"/> 23"
<input type="checkbox"/> 16" <input type="checkbox"/> 20" <input type="checkbox"/> 24"
<input type="checkbox"/> 17" <input type="checkbox"/> 21" <input type="checkbox"/> 25" | Height Dimensions
<input type="checkbox"/> 12" <input type="checkbox"/> 17" <input type="checkbox"/> 21" <input type="checkbox"/> 25"
<input type="checkbox"/> 13" <input type="checkbox"/> 18" <input type="checkbox"/> 22" <input type="checkbox"/> 26"
<input type="checkbox"/> 14" <input type="checkbox"/> 19" <input type="checkbox"/> 23" <input type="checkbox"/> 27"
<input type="checkbox"/> 15" <input type="checkbox"/> 20" <input type="checkbox"/> 24" <input type="checkbox"/> 28"
<input type="checkbox"/> 16" |
|---|--|



Shown without foam & cover

ENCOMPASS SIZING GUIDE (ALL DIMENSIONS ARE INCHES)³

Wheelchair Width	Lateral size(s) (Standard)	Overall Back Width (without Laterals)	Overall Back Width with Posterior Laterals ^{2,3}		Patient Thoracic width Using Swing-Away Laterals ^{2,3}	
			min	max	min	max
14	small	7.2	8.5	14	7.5	13.5
15	small	8.2	9.5	15	8.5	14.5
16	small	9.2	10.5	16	9.5	15.5
17	medium - small	10.2	11.5	17	10.5	16.5
18	medium - small	11.2	12.5	18	11.5	17.5
19	medium - small	12.2	13.5	19	12.5	18.5
20	medium - large	13.2	14.5	20	13.5	19.5
21	medium - large	14.2	15.5	21	14.5	20.5
22	medium - large	15.2	16.5	22	15.5	21.5
23	large	16.2	17.5	23	16.5	22.5
24	large	17.2	18.5	24	17.5	23.5
25	large	18.2	19.5	25	18.5	24.5

NOTES:

- Wheelchair width determines correct selection of back which is sized to fit between uprights.
- Dimensions of posterior lateral openings are taken with hardware in neutral position. If back is moved rearward from neutral position, the maximum lateral openings will decrease due to interference with the chair canes.
- Dimensions are based on 1" thick foam for back and laterals.

STEP 2 - SELECT FOAM MODIFICATION*

PART NUMBER	DESCRIPTION	PRICE (A\$)	U/M
<input type="checkbox"/> ENCFOAMT1	1" T-Foam	\$128	ea
<input type="checkbox"/> ENCFOAMT1.5	1½" T-Foam	\$155	ea
<input type="checkbox"/> ENCFOAMT2	2" T-Foam	\$183	ea
<input type="checkbox"/> ENCFOAMSM1	1" Sunmate Medium Density Memory Foam	\$110	ea
<input type="checkbox"/> ENCFOAMSM1.5	1½" Sunmate Medium Density Memory Foam	\$128	ea

- T-Foam:**
- X-Soft (Yellow)
 - Soft (Pink)
 - Medium (Blue)

PART NUMBER	DESCRIPTION	PRICE (A\$)	U/M
<input type="checkbox"/> ENCFOAMSM2	2" Sunmate Medium Density Memory Foam	\$165	ea
<input type="checkbox"/> ENCFOAMG.5	½" Gel	\$292	ea
<input type="checkbox"/> ENCFOAMG1	1" Gel	\$292	ea
<input type="checkbox"/> ENCFOAMGC	½" Cubed Gel	\$292	ea
<input type="checkbox"/> ENCFOAMX.5	Add HR Foam per ½"	\$37	ea

- Sunmate:**
- Soft
 - Medium Soft
 - Medium Soft
 - Firm

*Foam Modifications to Back section are in addition to the ½" closed cell base layer. Recommended total foam thickness is 2" including base layer.

STEP 3 - SELECT LATERALS**

POSTERIOR (POS) LATERALS

PART NUMBER	DESCRIPTION	PRICE (A\$)	U/M
<i>SELECT LEFT LATERAL</i>			
<input type="checkbox"/> ENC2010L	Small Pos Lateral, (9.5"H x 3.25"D) Left	\$201	ea
<input type="checkbox"/> ENC2020L	Med. Small Pos Lateral, (10.5"H x 3.5"D) Left	\$201	ea
<input type="checkbox"/> ENC2030L	Med. Large Pos Lateral, (11.25"H x 3.5"D) Left	\$201	ea
<input type="checkbox"/> ENC2040L	Large Pos Lateral, (11.75"H x 3.5"D) Left	\$201	ea
<input type="checkbox"/> ENC2099L	Custom Pos Lateral, Left	Quote	ea

<i>SELECT RIGHT LATERAL</i>			
<input type="checkbox"/> ENC2010R	Small Pos Lateral, (9.5"H x 3.25"D) Right	\$201	ea
<input type="checkbox"/> ENC2020R	Med. Small Pos Lateral, (10.5"H x 3.5"D) Right	\$201	ea
<input type="checkbox"/> ENC2030R	Med. Large Pos Lateral, (11.25"H x 3.5"D) Right	\$201	ea
<input type="checkbox"/> ENC2040R	Large Pos Lateral, (11.75"H x 3.5"D) Right	\$201	ea
<input type="checkbox"/> ENC2099R	Custom Pos Lateral, Right	Quote	ea

** Foam modifications to Laterals are in addition to the ½" closed cell base layer. Recommended total foam thickness is 1" including base layer.

SWING-AWAY ANTERIOR (S/AA) LATERALS

NOTE: MUST ORDER POSTERIOR LATERAL***

PART NUMBER	DESCRIPTION	PRICE (A\$)	U/M
<i>SELECT LEFT LATERAL</i>			
<input type="checkbox"/> ENC2510L	Small S/AA Lateral, (6.25"H x 3.75"D) Left	\$411	ea
<input type="checkbox"/> ENC2520L	Med. Small S/AA Lateral, (6.75"H x 4.25"D) Left	\$411	ea
<input type="checkbox"/> ENC2530L	Med. Large S/AA Lateral, (7.25"H x 4.75"D) Left	\$411	ea
<input type="checkbox"/> ENC2540L	Large S/AA Lateral, (7.75"H x 5.25"D) Left	\$411	ea
<input type="checkbox"/> ENC2599L	Custom S/AA Lateral, Left	Quote	ea

<i>SELECT RIGHT LATERAL</i>			
<input type="checkbox"/> ENC2510R	Small S/AA Lateral, (6.25"H x 3.75"D) Right	\$411	ea
<input type="checkbox"/> ENC2520R	Med. Small S/AA Lateral, (6.75"H x 4.25"D) Right	\$411	ea
<input type="checkbox"/> ENC2530R	Med. Large S/AA Lateral, (7.25"H x 4.75"D) Right	\$411	ea
<input type="checkbox"/> ENC2540R	Large S/AA Lateral, (7.75"H x 5.25"D) Right	\$411	ea
<input type="checkbox"/> ENC2599R	Custom S/AA Lateral, Right	Quote	ea

***Matching size of S/AA Lateral to Pos Lateral is recommended.

STEP 4 - CALCULATE COMPONENT PRICES

BACK PACKAGE PRICE

Enter Back Package Price (fr		\$
+ Foam Modifications (from §		\$
Total	(A)	\$

FIXED POSTERIOR LATERALS

Enter Pos Lateral Left (from :	(B)	\$
Enter Pos Lateral Right (from	(C)	\$

SWING AWAY ANTERIOR LATERALS

Enter S/AA Lateral Left (from	(D)	\$
Enter S/AA Lateral Right (fro	(E)	\$

STEP 5 - CALCULATE TOTAL ORDER PRICE

Add Prices (A) thru (E) \$ _____