



MEDmobility

5711- Calgary Trail NW
Edmonton AB T6H 2K1
P: 780-437-3300
F: 780-430-9381
www.medmobility.ca

Alberta Aids to Daily Living
Alberta Health
10th Floor, Milner Building
10040 – 104 Street NW
Edmonton, Alberta T5J 0Z2
Canada
www.alberta.ca

AADL MANUAL WHEELCHAIR SPECIFICATION SHEET – PEDIATRIC TILT – Effective October 1/17

AADL BENEFIT CATALOGUE # W684

Manufacturer: INVACARE CANADA

Model: FREEDOM NXT

Date: _____

Vendor Name: *(Authorizer use)* _____

Section 1: CLIENT INFORMATION (AADL Authorizer/Vendor use only)

Client Name: _____

Authorizer Name: _____

Address: _____

Authorizer Number: _____

City: _____

Authorizer Contact #: _____

Postal Code: _____

CLIENT WEIGHT: _____

Section 2: Basic PEDIATRIC TILT-IN-SPACE wheelchair with no charge options includes 8% AADL discount: \$ 2800.00

225 lb. weight capacity. 12" to 18" seat widths funded by AADL. Folding. Refer to adult section for wider seat widths. Base price includes all no charge items on spec sheets. Other options increase cost of wheelchair.

Section 3: REQUIRED SPECIFICATIONS

Prices listed include 8% discount

1. SEAT WIDTH

Comes in ranges:

- 10"-12" N/C
- 11"-13" N/C
- 12"-14" N/C
- 13"-15" N/C
- 14-16" N/C
- 15"-17" N/C
- 16-18" N/C

Specify width:

_____"

2. SEAT DEPTH

- 12" N/C
- 13" N/C
- 14" N/C
- 15" N/C
- 16" N/C
- 17" *
- 18" *
- 19" *
- 20" \$606*

Add*2"Ext. \$26

3. FRAME TYPES

- Standard (S) N/C
- Tilt Pivot bracket:**
- Short
- Tall

4. ARMRESTS (Height adjustable)

- FFB** –Full length flipback (FB) 13.5" N/C
- DFB** -Desk length FB 10.5" N/C
- FFB** Full length FB locking \$243
- FFB** Full length FB locking telescoping \$239
- DFB**-Desk length FB locking \$243
- DFB**-Desk length FB locking telescoping \$239
- FST/DST** Full/Desk length single post \$264
- FDP/DDP**- Full /desk length dual post \$264
- OMIT** armrest N/C

5. BACK TYPE:

- T**- Tilt 90 degree
 - T**- Tilt with Ergo Bend push handles/canes
- Specify tilt option below (N/C):**
- Foot activated
 - Dual lever hand activated
 - Combination dual hand activated tilt brake and lock systems

6. BACK HEIGHT: (N/C)

- 20"
- 23"
- 26"
- Omit upholstery

7. BACK CANE SIZE:

- S** (20") N/C
- M**(23") N/C
- T** (26") N/C

8. FOOT/LEGRESTS

- CLF75**-Cam lock footrest 75° N/C
 - CLF90**-Cam lock footrest 90° N/C
 - ELCL** – Elevating cam lock legrest \$281
 - High mount brackets \$94
- Brackets not available on CLF75

Extensions:

- S** N/C
- M** N/C
- L** N/C
- 4.5" HD** \$62
- 6.5" HD** \$73

9. FOOTPLATES

- COM** – composite N/C
- AAF** – Angle Adjustable up to 14" wide \$160
- AAF** – Angle Adjustable 15" and wider \$178
- FTB** Footboard (generic) \$82
- FTB** Footboard angle adjustable \$176

Section 3: REQUIRED SPECIFICATIONS for W683 Freedom P.R.O. CG (cont'd)

Anterior and posterior STF heights required to determine wheel and caster sizes. Please consult with vendor.

10. WHEEL RIMS <input type="checkbox"/> MAG N/C	11. TIRE SIZE <input type="checkbox"/> 12" N/C <input type="checkbox"/> 16" \$41 <input type="checkbox"/> 18" \$41 <input type="checkbox"/> 20" N/C <input type="checkbox"/> 22" N/C <input type="checkbox"/> 24" N/C	12. TIRES TYPE & PROFILE <input type="checkbox"/> P – pneumatic N/C <input type="checkbox"/> U – Urethane \$36 <input type="checkbox"/> FF – Flat Free \$77 Note: Use flat free if urethane size not available	13. HANDRIMS <input type="checkbox"/> PCHR -Plastic Coated \$119 <input type="checkbox"/> ALHR – Aluminum N/C <input type="checkbox"/> Omit handrims N/C Note: ALHR are N/C on 20",22",24" mags PCHR N/A on 12", 16" mags																	
14. CASTERS <input type="checkbox"/> CP -Pneumatic 6"x1.25" \$76 <input type="checkbox"/> CU -Urethane 3"x1" \$55 <input type="checkbox"/> CU -Urethane 4"x1" \$66 <input type="checkbox"/> CU -Urethane 5"x 1" N/C <input type="checkbox"/> CU -Urethane 5"x 1.5" \$87 <input type="checkbox"/> CU -Urethane 6"x 1" N/C <input type="checkbox"/> CU -Urethane 6"x 1.5" \$91 <input type="checkbox"/> CU -Urethane 6"x 2" \$91 <input type="checkbox"/> CU -Urethane 7"x 1" \$76 <input type="checkbox"/> CU -Urethane 7"x 2" \$117	15. STF Height: Discuss wheel/caster sizes with vendor to achieve STF heights <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align:center;">Front</th> <th style="width:50%; text-align:center;">Rear</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 12.5</td><td><input type="checkbox"/> 12.5</td></tr> <tr><td><input type="checkbox"/> 13</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 14</td></tr> <tr><td><input type="checkbox"/> 15</td><td><input type="checkbox"/> 15</td></tr> <tr><td><input type="checkbox"/> 16</td><td><input type="checkbox"/> 16</td></tr> <tr><td><input type="checkbox"/> 17</td><td><input type="checkbox"/> 17</td></tr> <tr><td><input type="checkbox"/> 18</td><td><input type="checkbox"/> 18</td></tr> <tr><td><input type="checkbox"/> 18.5</td><td><input type="checkbox"/> 18.55</td></tr> </tbody> </table>	Front	Rear	<input type="checkbox"/> 12.5	<input type="checkbox"/> 12.5	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18.5	<input type="checkbox"/> 18.55	16. BRAKES <input type="checkbox"/> PUL – Pull N/C <input type="checkbox"/> PSH – Push N/C <input type="checkbox"/> AFB - Attendant foot brake N/C 17. OTHER <input type="checkbox"/> Frame color –black ** N/C <input type="checkbox"/> Frame color – Pacific blue** N/C <input type="checkbox"/> ATR – Anti-tippers \$107 <input type="checkbox"/> BRX – Brake Extensions \$67 <input type="checkbox"/> HL -Heel loops \$45 <input type="checkbox"/> ASB - Auto Seat Belt (generic*) \$22 <input type="checkbox"/> GRD Grade Aid \$107 <input type="checkbox"/> CFST - Calf Straps \$45 <input type="checkbox"/> Seat pan \$168 <input type="checkbox"/> Stroller handle ext \$101
Front	Rear																			
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* AADL generic pricing is used when manufacturer pricing is higher than generic. **Color choice not guaranteed.

AUTHORIZERS: PLEASE COMPLETE THE COST WORKSHEET BELOW AND SIGN THE BOTTOM.

N/A to orders assessed prior to October 1/17.

Wheelchair Cost Worksheet: Use this section to determine amount of funding requested from AADL, the client's costs, and the total cost of the wheelchair (The 8% AADL Vendor discount is included in the prices listed)		
1	W683 Basic cost of wheelchair with no charge items	\$2800.00
2	Add total cost of options that cost (options with prices next to them)	+
3	Total Cost of basic wheelchair with options: Add rows 1 and 2	=
4	If Client is cost share- calculate: 25% of line 3 up to the maximum \$500.00	=
5	If client is not cost share – enter \$0	=
6	CLIENT COSTS: Enter line 4 or line 5 whichever is greater	=
7	AADL COSTS: For AADL use only	

Authorizer Signature and date indicating agreement with spec sheets _____