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

AADL BENEFIT CATALOGUE # W683

Manufacturer: INVACARE CANADA

Model: FREEDOM P.R.O. CG

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: \$ 2668.00

250 lb. weight capacity. 12" to 18" seat widths funded by AADL. 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

| | | | |
|---|---|---|--|
| <p>1. SEAT WIDTH Comes in ranges: <input type="checkbox"/> 12"-14" N/C <input type="checkbox"/> 14-16" N/C <input type="checkbox"/> 16-18" N/C Indicate width vendor to set it at: _____"</p> | <p>2. SEAT DEPTH <input type="checkbox"/> 12" N/C <input type="checkbox"/> 13" N/C <input type="checkbox"/> 14" N/C <input type="checkbox"/> 15" N/C <input type="checkbox"/> 16" * <input type="checkbox"/> 17" * <input type="checkbox"/> 18" * <input type="checkbox"/> 19" ** <input type="checkbox"/> Add*2" Ext. \$26 <input type="checkbox"/> Add **4" Ext \$26</p> | <p>3. FRAME TYPES <input type="checkbox"/> Standard (S) N/C</p> | <p>4. ARMRESTS (Height adjustable) <input type="checkbox"/> FFB –Full length flipback (FB) 13.5" N/C <input type="checkbox"/> DFB -Desk length FB 10.5" N/C <input type="checkbox"/> FFB Full length FB locking \$243 <input type="checkbox"/> FFB Full length FB locking telescoping \$239 <input type="checkbox"/> DFB-Desk length FB locking \$243 <input type="checkbox"/> DFB-Desk length FB locking telescoping \$239 <input type="checkbox"/> FST/DST Full/Desk length single post \$264 <input type="checkbox"/> FDP/DDP- Full /desk length dual post \$264 <input type="checkbox"/> OMIT armrest N/C</p> |
|---|---|---|--|

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

| | |
|---|--|
| <input type="checkbox"/> CLF75 -Cam lock footrest 75° N/C <input type="checkbox"/> CLF90 -Cam lock footrest 90° N/C <input type="checkbox"/> ELCL – Elevating cam lock legrest \$281 <input type="checkbox"/> High mount brackets \$94 Brackets not available on CLF75 | <p>Extensions: <input type="checkbox"/> S N/C <input type="checkbox"/> M N/C <input type="checkbox"/> L N/C <input type="checkbox"/> 4.5" HD \$62 <input type="checkbox"/> 6.5" HD \$73</p> |
|---|--|

9. FOOTPLATES

| |
|--|
| <input type="checkbox"/> COM – composite N/C <input type="checkbox"/> AAF – Angle Adjustable up to 14" wide \$160 <input type="checkbox"/> AAF – Angle Adjustable 15" and wider \$178 <input type="checkbox"/> FTB Footboard (generic) \$82 <input type="checkbox"/> FTB Footboard angle adjustable \$159 |
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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 \$118 <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 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" \$87 <input type="checkbox"/> CU -Urethane 6"x 2" \$76 <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 (front measurement) <input type="checkbox"/> 15" <input type="checkbox"/> 15.5" <input type="checkbox"/> 16" <input type="checkbox"/> 16.5" <input type="checkbox"/> 17" <input type="checkbox"/> 17.5" <input type="checkbox"/> 18" <input type="checkbox"/> 18.5 <input type="checkbox"/> 19" <input type="checkbox"/> 19.5" <input type="checkbox"/> 20" <input type="checkbox"/> 20.5" | 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 \$97 <input type="checkbox"/> BRX – Brake Extensions \$61 <input type="checkbox"/> HL -Heel loops \$45 <input type="checkbox"/> ASB - Auto Seat Belt (generic*) \$22 <input type="checkbox"/> CFST - Calf Straps \$45 <input type="checkbox"/> Seat pan \$172 | |

* 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 | \$2668.00 |
| 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 _____