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AADL MANUAL WHEELCHAIR SPECIFICATION SHEET – Adult – Effective October 1/17

AADL BENEFIT CATALOGUE # W 888

Manufacturer: Invacare Canada LP

Model: Myon

Authorization #:

Date:

Vendor Name:

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

Client Name: _____

Authorizer Name: _____

Address: _____

Authorizer Number: _____

City: _____

Authorizer Contact #: _____

PHN: _____

CLIENT WEIGHT: _____

Section 2: Basic standard frame wheelchair with no charge options: (includes 8% AADL discount) \$1288.00

Weight Capacity: 250lbs Category A - folding wheelchair with adjustable depth frame

Section 3: REQUIRED SPECIFICATIONS

Please add highlighted W Benefit codes to 1251 if ordering. Prices listed INCLUDE 8% AADL DISCOUNT

1. SEAT WIDTH <input type="checkbox"/> 15" N/C <input type="checkbox"/> 16" N/C <input type="checkbox"/> 17" N/C <input type="checkbox"/> 18" N/C <input type="checkbox"/> 19" N/C <input type="checkbox"/> 20" N/C		2. SEAT DEPTH <input type="checkbox"/> 16" N/C <input type="checkbox"/> 17" N/C <input type="checkbox"/> 18" N/C 16-18" adjustable 17" uses 1" ext.		3. FRAME TYPES <input type="checkbox"/> S-Standard N/C See Myon Active for Heavy Duty model (W155)		4. ARMRESTS (HEIGHT ADJUSTABLE) <input type="checkbox"/> FFB-Full length flip back \$343 <input type="checkbox"/> DSB-Desk length flip back \$343 <input type="checkbox"/> FST –Full length single post T-arm \$343 <input type="checkbox"/> DST -Desk length single post T-arm \$343	
5. BACK TYPE - CANES <input type="checkbox"/> ADJ-Adjustable with 7 degrees bend in canes N/C <input type="checkbox"/> ADJSTR – Adjustable with straight canes N/C <input type="checkbox"/> AABK – Angle adjustable back N/C				6. BACK HEIGHT: (N/C) <input type="checkbox"/> 14 <input type="checkbox"/> 18 <input type="checkbox"/> 15 <input type="checkbox"/> 19 <input type="checkbox"/> 16 <input type="checkbox"/> 20 <input type="checkbox"/> 17 <input type="checkbox"/> 21 <input type="checkbox"/> Omit upholstery - \$20		7. BACK CANE SIZE: Consult vendor <input type="checkbox"/> S (Adj) N/C <input type="checkbox"/> M (20") N/C <input type="checkbox"/> T (23") N/C N/C on AABK <input type="checkbox"/> T(23") \$81	
8. FOOT/LEGRESTS <input type="checkbox"/> CLF70-Cam lock footrest 70° \$239 <input type="checkbox"/> CLF80-Cam lock footrest 80° \$239 <input type="checkbox"/> CLF90-Cam lock footrest 90° \$239 <input type="checkbox"/> OMIT FOOTREST HANGER -\$25 <input type="checkbox"/> AMP – Amputee Legrest L or R \$115 <input type="checkbox"/> W106: ELCL – Elevating cam lock legrest \$383 W106: Justification to be written on 1251				Extensions: (N/C) Consult vendor <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		9. FOOTPLATES <input type="checkbox"/> COM – Composite N/C <input type="checkbox"/> FTB – One piece \$125 <input type="checkbox"/> W107: AAF – Angle Adjustable \$125 W107: Justification to be written on 1251	



Section 3: REQUIRED SPECIFICATIONS for W888 Invacare Myon (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	12. TIRE SIZE <input type="checkbox"/> 20"STF:14-18" N/C <input type="checkbox"/> 22"STF:15-19" N/C <input type="checkbox"/> 24"STF:16-20" N/C Seat slope _____	11. TIRES TYPE&PROFILE <input type="checkbox"/> P - pneumatic \$213 <input type="checkbox"/> U - Urethane N/C	13. HANDRIMS <input type="checkbox"/> PCHR -Plastic Coated \$105 <input type="checkbox"/> PHR - Projection (V/O) \$283 <input type="checkbox"/> ALHR - aluminum N/C <input type="checkbox"/> COMHR - Composite N/C <input type="checkbox"/> OMIT HR - \$15																															
14. CASTERS <input type="checkbox"/> CU -Urethane 5"x1.25" N/C <input type="checkbox"/> CU -Urethane 6" x 1.25" N/C <input type="checkbox"/> CU -Urethane 8" x 1.25" N/C <input type="checkbox"/> CP -Pneumatic 6"x1.25" \$70 <input type="checkbox"/> CP -Pneumatic 8"x1.25" N/C Front STF heights affected by caster size and fork position. 5": STF 14-18" 6": STF 15-19" 8"-STF 17-19"	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%;"></th> <th style="width:50%; text-align: center;">Front</th> <th style="width:50%;"></th> <th style="width:50%; text-align: center;">Rear</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 14.0</td><td><input type="checkbox"/> 14.0</td></tr> <tr><td><input type="checkbox"/> 15</td><td><input type="checkbox"/> 15</td><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><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><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><td><input type="checkbox"/> 18</td><td><input type="checkbox"/> 18</td></tr> <tr><td><input type="checkbox"/> 19</td><td><input type="checkbox"/> 19</td><td><input type="checkbox"/> 19</td><td><input type="checkbox"/> 19</td></tr> <tr><td><input type="checkbox"/> 20</td><td><input type="checkbox"/> 20</td><td><input type="checkbox"/> 20</td><td><input type="checkbox"/> 20</td></tr> </tbody> </table>		Front		Rear	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14.0	<input type="checkbox"/> 14.0	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	check off all that apply <input type="checkbox"/> Frame color – black *** N/C <input type="checkbox"/> Frame color – blue*** N/C <input type="checkbox"/> ATR – Anti-tippers \$101 <input type="checkbox"/> QRA – Quick Release Axles N/C <input type="checkbox"/> BRX – Brake Extensions N/C <input type="checkbox"/> TBU –(all sizes) Adjustable Tension Back N/C <input type="checkbox"/> GRD – Grade Aid \$105 <input type="checkbox"/> ASB - Auto Seat Belt(generic) \$22 <input type="checkbox"/> HL – Heel Loops \$78 <input type="checkbox"/> CFST – Calf Strap \$58
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16. BRAKES <input type="checkbox"/> PUL – Pull N/C <input type="checkbox"/> PSH – Push N/C		<input type="checkbox"/> W104 OAD One arm Drive Circle L or R \$670 <input type="checkbox"/> W110: O2H – O2 Holder (generic) \$130																																

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 (8% Vendor discount included in the prices listed on this spec sheet)		
1	W888 Basic cost of wheelchair with no charge items	\$1288.00
2	Add total cost of options that cost (options with prices next to them) excluding W coded items- these have separate codes and funds attached)	+
3	Total Cost of basic wheelchair with options: Add rows 1 and 2	=
4	Minus \$2500.00 from line 3 if amount is over \$2500.00- this amount is considered an upgrade. If less than \$2500.00 enter \$0	
5	Enter line 3 or \$2500.00 whichever is less	=
6	Total Costs for all W CODES ordered	=
7	Add lines 5 and 6	=
8	If Client is cost share- calculate: 25% of line 7 up to the maximum \$500.00	=
9	CLIENT COSTS: Add lines 4 (upgrade if any) and 8 (cost share amount if any)	
10	AADL COSTS: For AADL use only	

Authorizer Signature and date indicating agreement with spec sheets _____