



KARMAN HEALTHCARE INC.

USA DEALER ORDER FORM: XO SERIES



**Karman Healthcare Inc. Recommends Patient Seek Physicians Counsel Before Purchase

END USER INFO

NAME: _____ HEIGHT: _____ ft/in WEIGHT: _____ lbs (250lbs max)

DIAGNOSIS: Paraplegia Quadriplegia Hemiplegia Multiple Sclerosis Muscl. Dystrophy

Cerebral Palsy Other: _____

Reasons for Purchasing a KARMAN XO Series

Practical /Functional Use as primary wheelchair Only for standing Use as secondary wheelchair

Use at home Use at work / school Other: _____

Medical/Therapeutical

Decubitus Contractures Spasms Digestion Bladder Problems

Osteoporosis Circulation Pain (postural pain) Other: _____

How did you first hear of KARMAN XO Series

Dealer Therapist Internet Advertisement Doctor Friends

Other: _____

Financing

Auto / Disability Medicare Work Comp. Medicaid / State

Private Insurance Donations Personal Voc. Rehab

DEALER INFO

Contact: _____	Dealer Name: _____	Dealer #: _____
Address: _____	City: _____	State: _____ Phone#: _____
Fax#: _____	Email: _____	Purchase Order #: _____

XO STAND-UP POWER CHAIR INFO

Price

XO-101 Includes : Rear wheel **manual base**; multiple power seat functionality; extra strong \$8,500
knee support; basic frame color; drive wheel suspension; standard adjustable chest belt &
cushion; standard waist belt; fixed skirt guard; battery charger; back upholstery; height
adjustable flip-back armrests and flat free tires.

\$13,500

XO-202 Includes : Rear wheel **power base**; multiple power seat functionality; extra strong
knee support; basic frame color; drive wheel suspension; standard adjustable chest belt &
cushion; standard waist belt; fixed skirt guard; battery charger; back upholstery; height
adjustable flip-back armrests and flat free tires.

14" SEAT(XO-202 ONLY) 16" SEAT 18" SEAT

BATTERIES

2x Quantity, DC24V 320W Sealed Lead Acid Battery (No Installation Necessary) NO CHARGE

BASIC FRAME COLORS

Flat Silver NO CHARGE

CONTROL OPTION

User Is Left Handed User Is Right Handed NO CHARGE

ARMREST HEIGHT (W/ CUSHION IN USE)

6 1/2" 7 1/2" 8 1/2" 9 1/2" 10 1/2" NO CHARGE

BACKREST HEIGHT

16" 17" 18" 19" NO CHARGE

SEAT DEPTH

18" 19" 20" NO CHARGE

To be used with standard knee support provided (Rectangular 2 ¼" x 4")

ADJUSTABLE FOOTPLATE

2 PIECES, FLIP UP FOOTPLATE. USER ADJUSTABLE: 70° , 80° , 90°

ACCESSORIES

a. FOAM SEAT CUSHION: Contoured 2 ½" Memory Foam w/ Non-Slip Cover

b. FOAM BACK CUSHION: Contoured 1 ½" Memory Foam w/ Non-Slip Cover

c. PUSH HANDEL: 6" Push Handel w/ Cushion

d. TIE DOWN KIT: 4 Vehicle Tie Downs 16ft/4.9m Working Length, 830lb Load Capacity

e. ADJUSTABLE HEADREST: Angle/Height/Length Adjustable Headrest

Must include #C /+\$50 with this item.

f. Non-slip footrest surface

CHAIR ORDER POLICY

Contact Karman Healthcare at (626) 581-2235 with any question regarding how to accurately complete this form.

Karman Healthcare Inc is not responsible for configuration or size discrepancies resulting from inaccurate or incomplete information provided on the order form.

Order confirmations will be sent to you. Please review and sign your agreement/confirmation authorizing submission of the order as stated. Return signed copy of XO-202 Order Form at fax number (626) 581-2335 or via email at: Edward@karmanhealthcare.com

All sales are final. No returns or exchanges (unless otherwise stated on invoice). Customer is responsible for full payment of chair shipped based on specifications provided on confirmed order form.

The HCPC codes identified herein are our best interpretation of the match between chair, accessories and the appropriate code. It is not a legal determination nor should our interpretation replace the customer's own responsibility for submitting accurate information to third party sources.

Please note: All prices and specifications provided on form are subject to change without prior notice. All prices for options or accessories on order form are only valid if ordered with the chair or prior to completed production of unit. Any chair modifications, options or accessories required for future use or maintenance of chair will carry different pricing and warranty terms.

Price	HCPC
NO CHARGE	
NO CHARGE	K0040
\$176	E2601
\$116	E2611
\$78	E0955
\$180	
\$238	
\$90	

*****WARNING*****

This chair is not intended for the following disabilities:

- Lower limbs joint contracture
- Total hip replacement or total knee replacement
- Instability in lower extremity joints
- Severe osteoporosis on lower extremities
- Severe abnormal reflex (lower extremities withdraw reflex)
- Severe postural hypotension

WARRANTY POLICY - Your Karman Healthcare Inc., Product is guaranteed from the date of purchase for:

- Three years covering frame from all material and manufacturing defects
- 6 months covering all non-wear and tear parts
- One year covering all electronic components including the motors/transaxle/brakes
- Batteries are excluded from the warranty

***Karman Healthcare Inc., will not repair or replace free of charge any part or parts found to be defective due to Abuse, misuse or lack of maintenance

*** For any other parts not found here, please call in and request a quote. Thank You