

Let's get your client sitting better!

This is a combined order form for both Orbiter Med and Bondar.

LMN Best Practices Guidance

ORBITER MED https://kalogon.com/med_lmn **BONDAR** https://kalogon.com/bondar_lmn

If you need additional modifications not shown on this form, or have questions:

→ quotes@kalogon.com → 1 (321) 465-4504.

QUOTE REQUEST RESPONSE TIME Kalogon will provide a quoted response on the same day the form is received.

ORDER TURNAROUND TIME 14-day turnaround time. Additional pricing and longer turnaround times may apply for customizations not shown on this form.

ORBITER MED HCPCS CODE E2609 (US Only)

BONDAR HCPCS CODE E2617 (US Only)

Client ID

Client ID _____

Referring Clinic _____ Referring Clinician _____

Shipping Information

Shipping Address _____ Suite/Room/Apt _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Dealer Information

Dealer Branch Identifier _____

Dealer Branch Shipping Address _____ Suite/Room/Apt _____

City _____ State _____ ZIP _____

Dealer Headquarters Billing Address _____ Suite/Room/Apt _____

City _____ State _____ ZIP _____

Dealer Purchasing Email _____ Phone _____

ATP Phone Number _____ ATP Email _____

NOTE For LMN best practices, see https://kalogon.com/med_lm

Orbiter Med Price \$5,632 (Standard Sizing) or \$6,094 (Extended Sizing)

Primary Wheelchair that Orbiter Med will be used in

Manufacturer _____ Model _____

Manual Power

Front Seat Frame Height (From Floor): _____ Rear Seat Frame Height (From Floor): _____

What back support will Orbiter Med be used with?

Bondar Sling Back Solid Back None

Manufacturer _____ Model _____

Width: _____ Length: _____

Planned space between seat pan and bottom of back support: _____

Part Number ORBM-XXYY

XX = Width (15" to 27") YY = Length (15" to 27")

Larger sizes may be available, but must be discussed with Kalogon.

If you need additional modifications not shown on this form, or have questions:

→ QUOTES@KALOGON.COM → 1 (321) 465-4504.

Dimensions

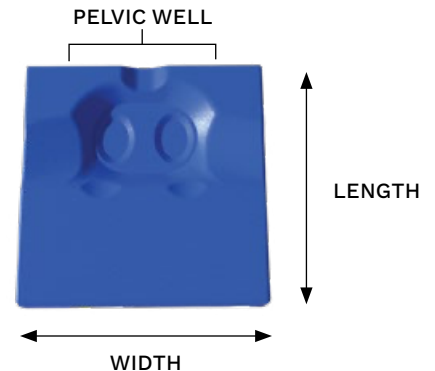
Width: _____ Length: _____

STANDARD SIZING \$5,632	EXTENDED SIZING \$6,094
15"-22", 300 lbs weight capacity	23"-27", 550 lbs weight capacity (Length must be over 16")

PELVIC WELL

DEPTH 1.25" LENGTH 4.5" STANDARD WIDTH 8" EXTENDED SIZE WIDTH 9"
The pelvic well is positioned 1.5" from back of cushion

NOTE: Cushions are subject to the Extended Sizing price if either width or length is greater than 22".

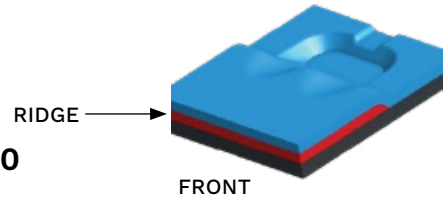


Required Customizations

- PRE-ISCIAL RIDGE (PIR-00-1)
 - TWO POSTERIOR LATERAL PELVIC SUPPORTS (LPS-00-1)
 - MEDIAL THIGH SUPPORT (MTS-00-1)
 - TWO LATERAL THIGH SUPPORTS (LTS-00-1)
- For LMN best practices, see https://kalogon.com/med_lm

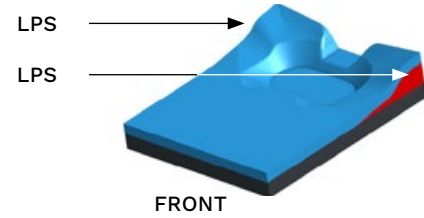
Pre-Ischial Ridge (PIR-00-1) \$195.00

- Check this box to request
- Adds 1" overall cushion thickness at front edge
- NOTE** Total height with Pre-ischial ridge is 3.88"



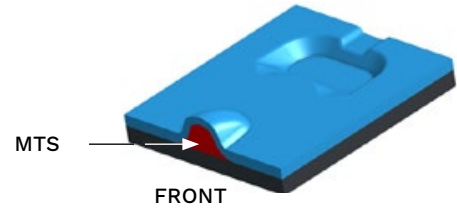
Posterior Lateral Pelvic Support (LPS-00-1) \$302.00

- | | |
|---|---|
| RIGHT | LEFT |
| <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" | <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" |



Medial Thigh Support (MTS-00-1) \$292.00

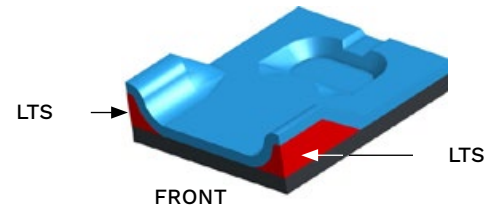
- | | |
|---|---|
| HEIGHT | WIDTH |
| <input type="checkbox"/> 2" <input type="checkbox"/> 2.5" <input type="checkbox"/> 3" | <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/> 6" |



Lateral Thigh Support (LTS-00-1) \$302.00

- | | |
|---|---|
| RIGHT | LEFT |
| <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" | <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" |

NOTE: Extended size cushions may only choose 1" Lateral Thigh Support.

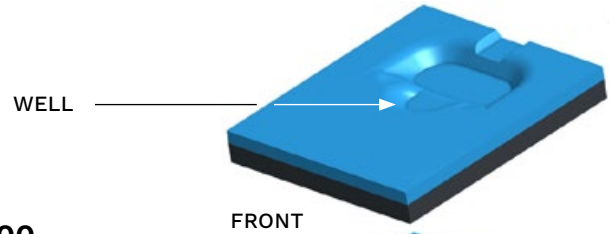


Additional Customizations

Scrotal Well (SW-00-1) \$205.00

Width _____

NOTE: Maximum width of 6".

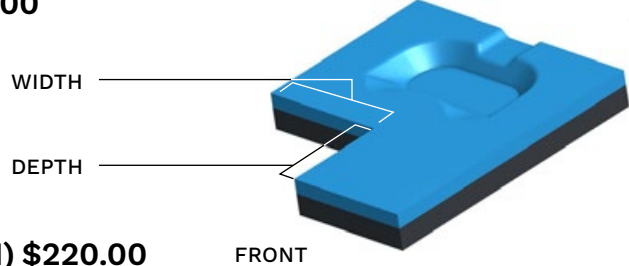


Leg Length Discrepancy (LLD-00-1) \$692.00

Left side cut Right side cut

Width: _____ Depth: _____

NOTE: Default cut width is half the distance of the cushion width.



Air Hose Length Customization (AHL-00-1) \$220.00

Length (12"-48") _____

NOTE: 36" Connecting Hose is default

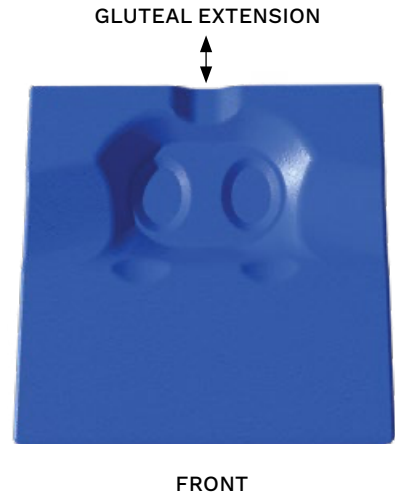
Extended Size Customizations Only

Gluteal Extension (GE-00-1) \$220.00

1" 2" 3"

NOTES: Gluteal Extension does not affect the position of the LPSs relative to the pelvic well.

Gluteal Extension length will be added to the cushion length as specified on page 2. For example: 24" Cushion Length + 1" Gluteal Extension = 25" Overall Length



Every Orbiter Med includes:

ADVANCED PRESSURE MANAGEMENT SYSTEM (APMS)

- Control Unit
- Mount Kit and Mount Pouch
- Control Unit Charger
- 36" Connecting Hose

CUSTOM CUSHION

- Contoured foam base
- Air cell assembly layer
- Incontinence Cover with embedded foam layer
- 4-way Stretch Cover

Extra Items

Check all desired items and note quantity for each in column 2, below

ITEM NAME	QUANTITY	PRICE	PART NUMBER
<input type="checkbox"/> Additional Stretch Cover <small>STANDARD SIZE</small>		\$461.00	OMC-00-1
<input type="checkbox"/> Additional Stretch Cover <small>EXTENDED SIZE</small>		\$615.00	OMC-00-2
<input type="checkbox"/> Additional Incontinence Cover w/Embedded Foam Layer <small>STANDARD SIZE</small>		\$610.00	OMIC-00-1
<input type="checkbox"/> Additional Incontinence Cover w/Embedded Foam Layer <small>EXTENDED SIZE</small>		\$764.00	OMIC-00-2
<input type="checkbox"/> Additional Mount Kit		\$149.00	MA-00-1
<input type="checkbox"/> Additional Mount Pouch		\$149.00	MMP-00-1
<input type="checkbox"/> Additional Charger		\$97.00	SA-01

Accessories

Check all desired items and note quantity for each in column 2, below

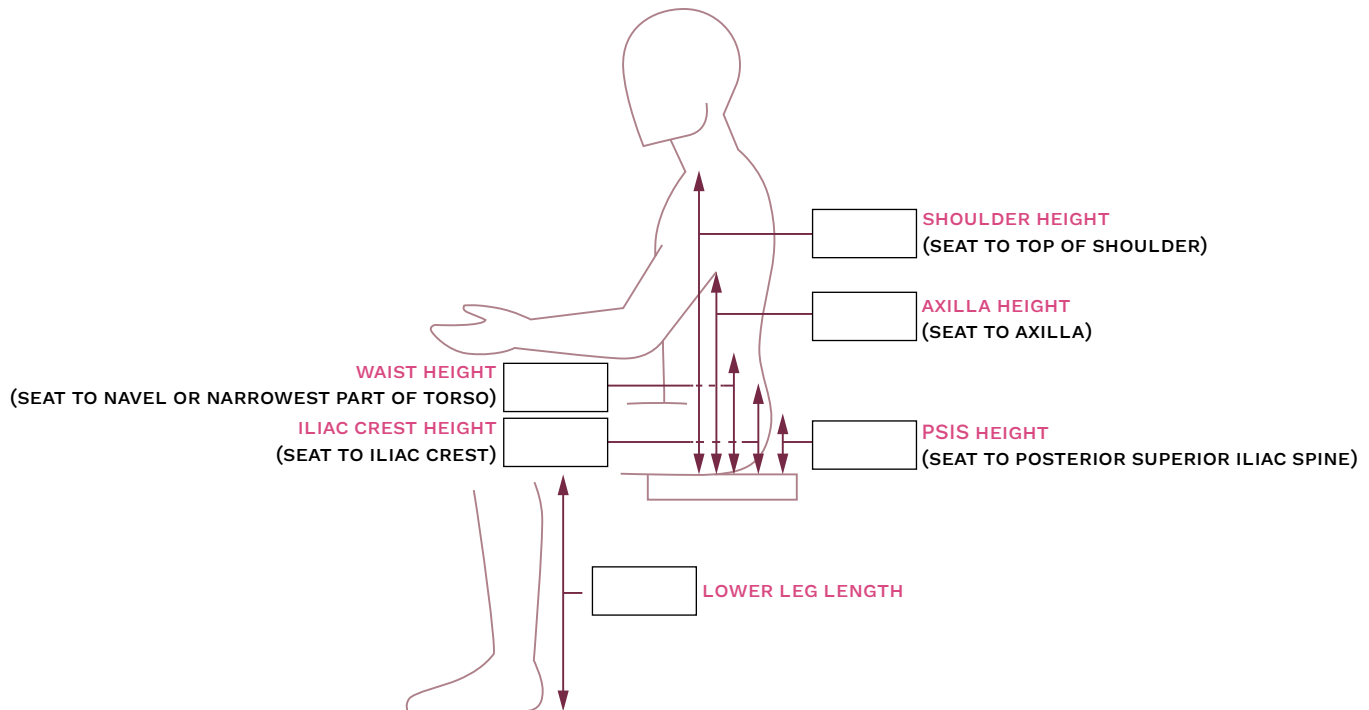
ITEM NAME	QUANTITY	PRICE	PART NUMBER
<input type="checkbox"/> XLR Charger		\$323.00	ORB-L01-501
<input type="checkbox"/> Switch Control Extender		\$256.00	EXT-00
<input type="checkbox"/> Assessment Fee, up to 50 miles <small>VA ONLY</small>		\$150.00	N/A
<input type="checkbox"/> Delivery, Setup, and Training <small>VA ONLY</small>		\$250.00	N/A

Bondar Price \$2,132.00

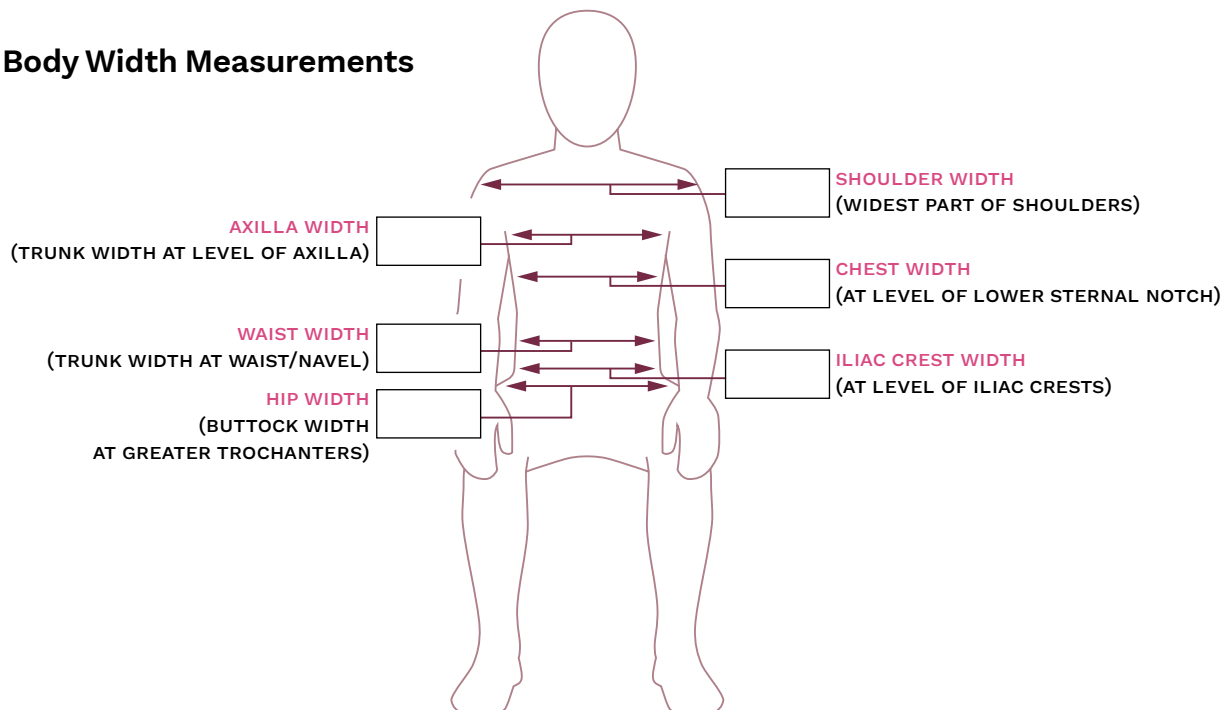
(Optional) Body Measurements

Measuring a client will ensure Bondar's design mirrors your therapeutic intent.

Body Height Measurements



Body Width Measurements



NOTE For LMN best practices, see https://kalogon.com/bondar_lm

Foam Type

What type of foam is best for your backrest?

XLPE

½", high density foam, for support.

POLYURETHANE

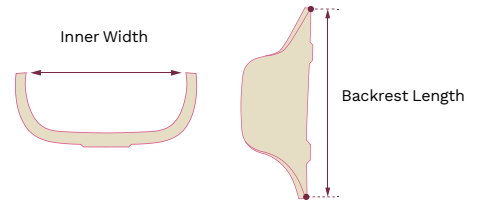
1", softer, more forgiving foam, for immersion

Length and Width Measurements

Backrest Inner Width _____ (min 12" max 25")

Backrest Length _____ (min 12" max 25")

Planned distance from seat to backrest bottom (Optional) _____

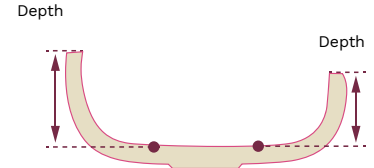


NOTE Widths over 22" will have a \$415 Extended Sizing Fee added.

Lateral Dimensions

Depth

Right Lateral Depth _____ Left Lateral Depth _____

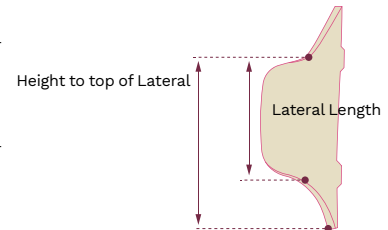


Right Lateral

Right Height to Top of Lateral _____ Right Lateral Length _____

Left Lateral

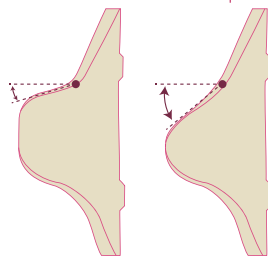
Left Height to Top of Lateral _____ Left Lateral Length _____



What shape do you want your laterals to be?

SHALLOW **STEEP**

Shallow Undercut Steep Undercut



Custom Width and Shaping

Specifying different widths at different locations allows the backrest to fit various body shapes (e.g., hourglass, apple, pear). It creates a more intimate and accurate fit of the lateral supports, and improves overall alignment, stability and comfort.

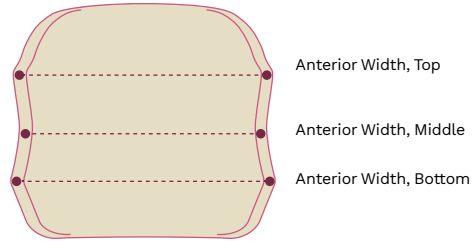
Measurements refer to the inside width of the backrest (contact surface).

Custom Widths at Front Edge of Laterals

Anterior Width, Top _____

Anterior Width, Middle _____

Anterior Width, Bottom _____

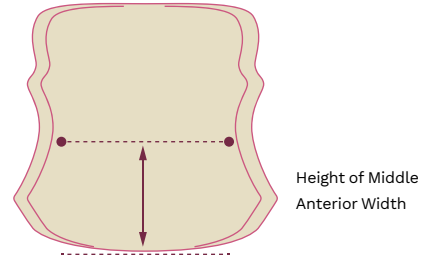


Location of Middle Anterior Width

Height of Middle Anterior Width _____

NOTE Height must be between your lateral heights

The height of the dimension can be placed at the waist, to allow the curve of the back to follow the shape of the torso, or elsewhere, to provide other targeted support.



What curve do you want between the backrest and the laterals?

Specify the shape of the transition curve from the flat part of the posterior back support surface to the lateral support surface.

This adjusts the posterior planar width while keeping the anterior widths unchanged. For example, the “steep” curve option keeps a wider posterior width.

ROUND STEEP



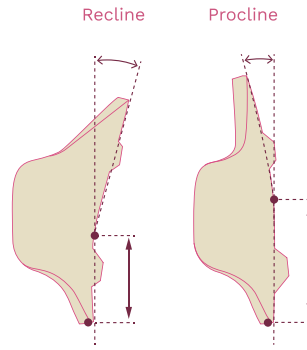
Bi-Angular Feature

I want to (check one):

- Recline Procline

Angle Magnitude, in degrees _____

Bi-angle Height, in inches _____



Backrest Relief \$405.00

Add a recessed relief to your backrest to better support the spine area.

Relief Depth, in inches

- .25" .5" .75" 1"

Relief will be on the (check one)

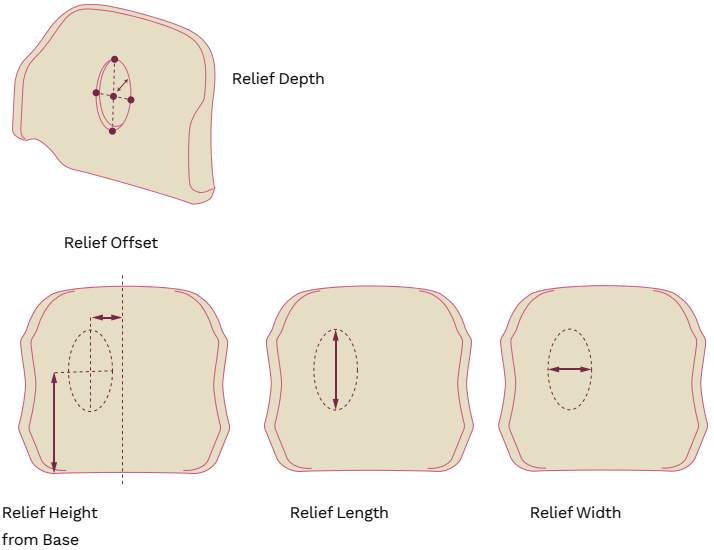
- Center Left Right

Relief Height from Base _____

Relief Offset from Midplane _____

Relief Length _____

Relief Width _____



Covers & Accessories

Bondar Field Kit \$487.00

Quantity _____

Use ¼"-1" foam pieces to make modifications to your back support's surface, without the need for heat forming.

NOTE Adding a Bondar Field Kit after your order has shipped will result in an additional fee.

Removable Inner Shell \$641.00

Check this box to request

Adding a removable inner shell allows easy removal of all hook-and-loop material, foam, and other components from the 3D-printed shell.

Without an inner shell, components must be re-glued after heat forming

Breathable Cover \$610.00

Quantity: _____

Incontinence Cover \$446.00

Quantity: _____

Privacy Flap \$185.00

Quantity: _____

Width of Wheelchair Seat Pan: _____ inches

Hardware

I will be mounting the Bondar back support to a wheelchair:

- with back canes without back canes

With Back Canes:

Distance between the inside edge of the back canes in inches _____

NOTE This measurement is for the mounting distance, which might be different from the wheelchair's overall width.

Choose one of the following hardware sets:

- Single Quick Release Hardware Set (\$794.00)
 Single Fixed Hardware Set (\$702.00)
 Dual Fixed Hardware Set (\$1404.00)

NOTE A dual hardware set is required if:

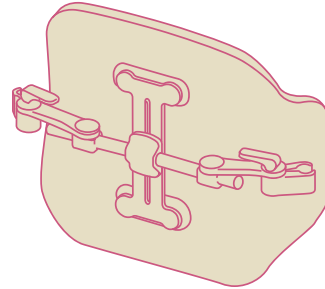
- Client has high spasticity or other similar conditions
- Client weight exceeds 250 lbs
- Backrest length exceeds 20"

Final setup of the hardware may impact actual weight capacity.

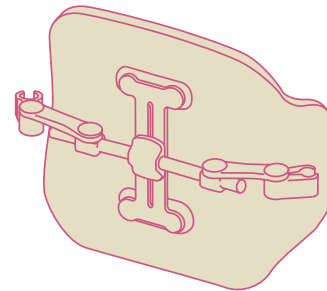
Accessories

- Headrest Mounting Plate (\$256.00)

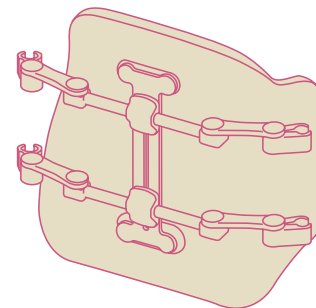
Single Quick-Release



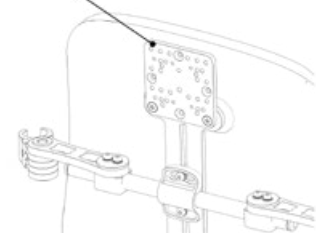
Single Fixed



Dual Fixed



Headrest Mounting Plate



Power Chair Hardware

Without Back Canes:

NOTE the Bondar Power Chair Adapter Plate is compatible with Permobil, Quantum/Stealth, Sunrise Q Series with J3 Bracket Installed, Amylior Fixed, Tilt and Recline

Choose one of the following hardware sets:

- Single Adapter Hardware Set (\$702.00)
- Dual Adapter Hardware Set (\$1404.00)

NOTE A dual hardware set is required if:

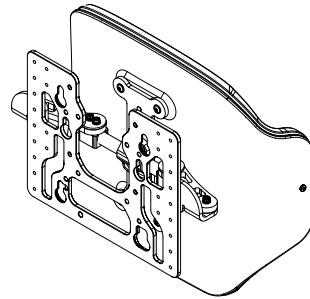
- Client has high spasticity or other similar conditions
- Client weight exceeds 250 lbs
- Backrest length exceeds 20"

Final setup of the hardware may impact actual weight capacity

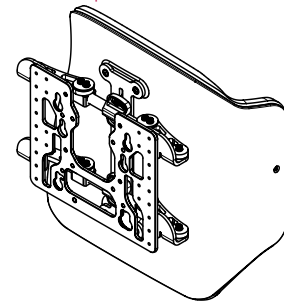
Accessories

- Headrest Mounting Plate (\$256.00)

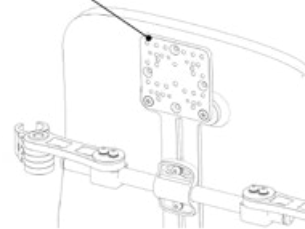
Single Adapter Hardware Set



Dual Adapter Hardware Set



Headrest Mounting Plate



CLIENT ID <<patientIdentifier>>

QUOTE # <<quote>>

QUOTE DATE Quote Date here

EXPIRATION Expiration Date here

SALES REP

sales rep name here

sales rep phone here

sales rep email here

BILL TO <<dealerName>>

<<dealerBranchIdentifier>>

<<dealerPurchasingEmail>>

SHIP TO

<<dealerName>>

<<dealerAddressAddreL1>>

<<LdealerAddressCity+dealerAd-
dressZip| >>

<<LdealerAddressCity+dealerAd-
dressZip| >>

PRODUCT	QUANTITY	DESCRIPTION	HPCPS	MSRP	1	2
<<R0product>>	<<R0qty>>	<<R0description>>	<<R0h- cpcs>>	<<R0ms- rp>>	<<R0pri- mary>>	<<R0sec- ondary>>