



Let's get your client sitting better!

Verro Lattice—Made from Measurements

Cushion shape is determined by measurements taken during evaluation.
Customizations can be added to create the desired support surfaces.

Price \$2389.00, add \$299.00 for Extended Sizes

NOTE: Extended sizes are sizes over 22" in either dimension

VERRO HCPCS CODE E2609 (US Only)

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

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

Client Information

Client ID _____

Referring Clinic _____ Referring Clinician _____

Shipping Information

Shipping Address _____ Suite/Room/Apt _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Supplier Information

Supplier Branch Identifier _____

Supplier Branch Shipping Address _____ Suite/Room/Apt _____

City _____ State _____ ZIP _____

Supplier Billing Address _____ Suite/Room/Apt _____

City _____ State _____ ZIP _____

Supplier Purchasing Email _____ Phone _____

ATP Phone Number _____ ATP Email _____

Wheelchair Information (Required)

Manufacturer _____ Model _____

☐ Manual ☐ Power

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

Back Support Information (Required)

☐ Sling Back ☐ Solid Back ☐ None

Manufacturer _____ Model _____

Width: _____ Length: _____

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

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(321)-465-4504 CONTACT@KALOGON.COM KALOGON.COM
300 NORTH DR #106, MELBOURNE FL, 32934

Part Number KVER-DFM-XXYY (Standard) or KVER-DFM-XXYY-2 (Extended)

Step 1: Enter Patient Measurements

Height _____ Weight (Required): _____

Bitrochanteric Width: _____

Trochanter Fore/Aft Placement: _____

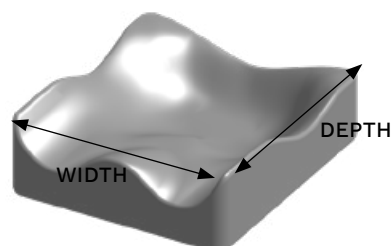
Step 2: Select Dimensions

Width _____ Depth _____

Desired height at (lowest) leg trough _____

Leave blank for the default (approximately 3").

Extended Sizing pricing applies if either width or depth exceed 22".
Larger sizes may be available upon request.



Step 3: Select Customizations

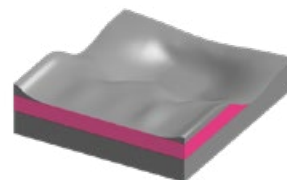
The following customizations determine the final shape of the cushion.

Pre-Ischial Shelf

(PSH-0001) \$195.00

☐ 0.5" ☐ 1"

Adds 0.5" or 1" to the height at the front edge, depending on selection.



Posterior Lateral Pelvic Support

(LPS-0001-R and LPS-0001-L)

\$99.00 per side

RIGHT HEIGHT

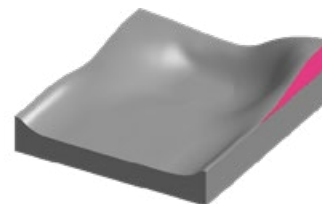
☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"

LEFT HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"



Medial Thigh Support

(MTS-0001) \$139.00

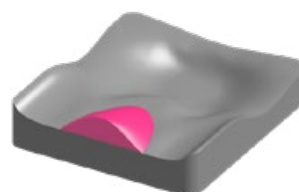
HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"

WIDTH

☐ 3" ☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"



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Lateral Thigh Support

(LTS-0001-R and LTS-0001-L)

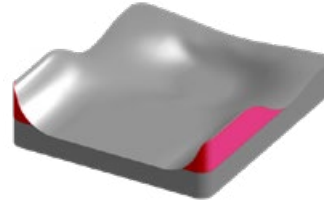
\$139.00 per side

RIGHT HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"
☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"

LEFT HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"
☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"

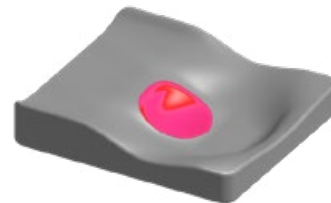


Scrotal Well

(SWC-0001) \$99.00

WIDTH

☐ 3" ☐ 3.5" ☐ 4" ☐ 4.5" ☐ 5" ☐ 5.5" ☐ 6"



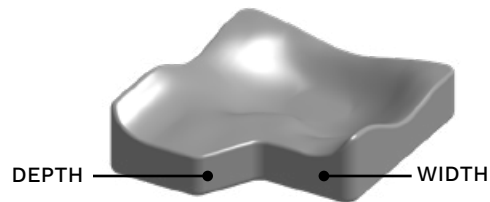
Leg Length Discrepancy

(LLD-0001) \$149.00

☐ Left side cut ☐ Right side cut

Width: _____ Depth: _____

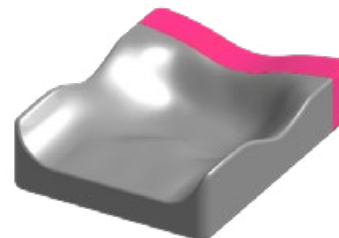
NOTE: Default cut width is half the distance of the cushion width.



Gluteal Extension

(GLE-0001) \$195.00

☐ 1" ☐ 2" ☐ 3"



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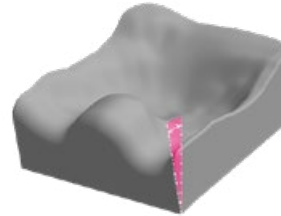
Step 4: Select Modifications (optional)

Front Undercut

(FRU-0001) \$149.00

☐ Check to select

Front bottom edge is beveled. This allows users to tuck their legs back, without applying excess pressure. Useful for patients with lower extremity contractures or tight hamstrings.

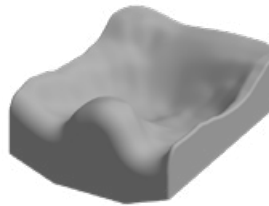


Cane Cutouts

(CCO-0001) \$149.00

☐ Check to select

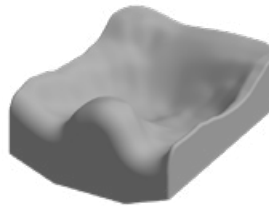
Adds notches at the back of your Verro to accommodate the chair's canes.



Sling Seat Modification

(SSM-0001) \$169.00

☐ Check to select



Pelvic Obliquity Build-up

(POB-0001) \$149.00

☐ Left ☐ Right (Leave both options de-selected if you don't need this)

Side Wall Reinforcement

(WRF-0001) \$195.00

☐ Check to select

Incontinence Tray

(ICT-0001) \$195.00

☐ Check to select

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Step 5: Cover Options

Every Verro Lattice cushion comes standard with a breathable cover, topped with spacer mesh and 4-way stretch material.

Select Cover Material

☐ Woven ☐ Coated

NOTE: Either option uses the same fabric, which is woven on one side and coated on the other. The choice above is which side faces outward.

Additional Covers

Please select below if additional covers are needed.

ITEM NAME	QUANTITY	PRICE	PART NUMBER
☐ Additional Breathable Cover STANDARD SIZE		\$299.00	CVR-2019
☐ Additional Breathable Cover EXTENDED SIZE		\$445.00	CVR-2019-2
☐ Incontinence Cover COATED, STANDARD SIZE		\$349.00	CVR-2018-W
☐ Incontinence Cover COATED, EXTENDED SIZE		\$445.00	CVR-2018-2-W
☐ Incontinence Cover WOVEN, STANDARD SIZE		\$349.00	CVR-2018-L
☐ Incontinence Cover WOVEN, EXTENDED SIZE		\$445.00	CVR-2018-2-L

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