VERRO

Let's get your client sitting better!

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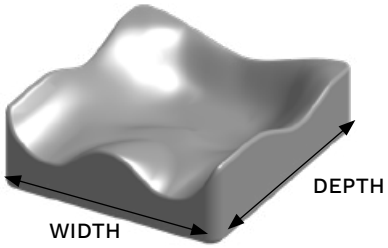
Part Number KVER-DFM-XXYY (Standard) or KVER-DFM-XXYY-2 (Extended)

Step 1: Enter Patient Measurements

Height_____Weight (Required):_____

Step 2: Select Dimensions



Width_____Depth_____

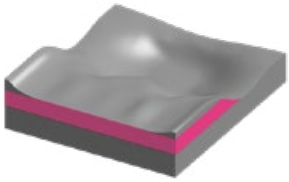
Desired height at the leg trough_____
Leave blank for the default (approximately 3").

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.

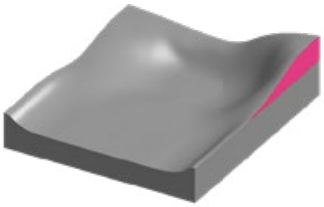
Pre-Ischial Shelf
(PSH-0001) $195.00



☐ 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



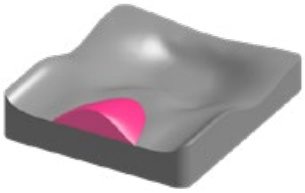
RIGHT HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

LEFT HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

Medial Thigh Support
(MTS-0001) $139.00



HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

WIDTH

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

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300 NORTH DR #106, MELBOURNE FL, 32934

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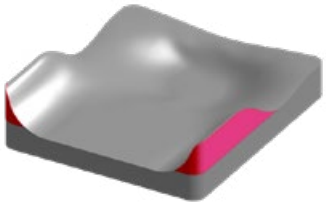
Lateral Thigh Support
(LTS-0001-R and LTS-0001-L)
$139.00 per side



RIGHT HEIGHT

☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

LEFT HEIGHT

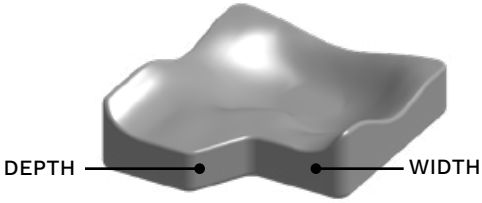
☐ 0.5" ☐ 1" ☐ 1.5" ☐ 2" ☐ 2.5" ☐ 3"

Scrotal Well
(SWC-0001) $99.00

WIDTH

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

Leg Length Discrepancy
(LLD-0001) $149.00

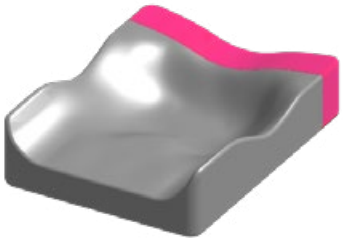


☐ Left side cut ☐ Right side cut

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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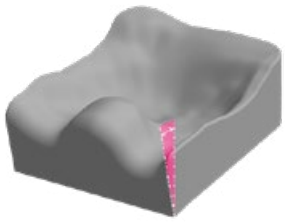
Step 4: Select Modifications (optional)

Front Undercut
(FRU-0001) $149.00

☐ Check to select

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



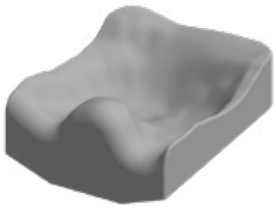
Cane Cutouts
(CCO-0001) $149.00

☐ Check to select

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

Sling Seat Modification
(SSM-0001) $169.00

☐ Check to select



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Step 5: Cover Options

Every Verro Foam cushion comes standard with a water-resistant cover, topped with either a woven or coated 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, no foam COATED, STANDARD SIZE		$349.00	CVR-2018-W
☐ Incontinence Cover, no foam COATED, EXTENDED SIZE		$445.00	CVR-2018-2-W
☐ Incontinence Cover, no foam WOVEN, STANDARD SIZE		$349.00	CVR-2018-L
☐ Incontinence Cover, no foam WOVEN, EXTENDED SIZE		$445.00	CVR-2018-2-L
☐ Replacement Foam Layer		$99.00	FOA-2013

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