



# Order Form

**Kalogon**  
2412 Irwin St.  
Melbourne, FL 32901  
[www.kalogon.com](http://www.kalogon.com)

**(E2609) US Only. HCPCS codes provided should not be considered as legal advice and do not guarantee reimbursement.**

For Orders  
[quotes@kalogon.com](mailto:quotes@kalogon.com)

- 14 day turnaround time

For Quotes:  
[quotes@kalogon.com](mailto:quotes@kalogon.com)

- Kalogon will provide a quoted response on the same day as order form submission and send a tracking email upon shipment

Discover unparalleled customization with Orbiter Med by Kalogon, a custom designed and fabricated cushion tailored based on client measurements, clinical history, and activity. Create the cushion that best supports your patient's needs with Orbiter Med's unique solutions including a completely customized cross-linked foam base topped with a viscoelastic foam layer, an Advanced Pressure Management System, and a 4-way stretch fluid resistant cover.

The Advanced Pressure Management System (APMS) uses a combination of machine learning and air-cell technology to intelligently redistribute weight for the user. The customizable air-cells allow users and clinicians to fine-tune their pressure levels and optimize their seating experience with the Kalogon App. The dynamic surface adapts to your needs, targeting pressure redistributions around the pelvis and thighs, ensuring unparalleled comfort.

Orbiter Med is designed with postural support options based on clinician recommendations. Additional custom modifications include:

- Pre-Ischial Ridge
- Posterior Lateral Pelvic Supports
- Medial Thigh Support
- Lateral Thigh Supports
- Leg Length Discrepancy
- Scrotal Well

Please contact representatives of Kalogon Inc. for any questions regarding this order form or the Orbiter Med Cushion and its customization options.

## PATIENT INFORMATION

**Patient Identifier:**

PO# (if applicable):

Phone Number:

Shipping Address

City: State: Zip Code:

Email:

## DEALER INFORMATION

**Dealer Branch Identifier:**

ATP Phone Number:

ATP Email:

Dealer Branch Shipping Address:

City: State: Zip Code:

**Dealer Headquarters Billing Address**

City: State: Zip Code:

Dealer Purchasing Email:



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## CURRENT PRIMARY WHEELCHAIR INFORMATION

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**Manufacturer:**

**Model:**

Power

Manual

**Front Seat Frame Heigh (From Floor):**

**Rear Seat Frame Heigh (From Floor):**

## CURRENT SEAT CUSHION

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**Manufacturer:**

**Model:**

**Width:**

**Depth:**

## CURRENT BACK SUPPORT

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**Back Support:**

Yes

No

**Length:**

**Width:**

**Depth:**

**Space Between Seat Pan and Bottom of Back Support:**

PART NUMBER: ORBM-XXYY [XX = WIDTH (starting at 15" to 22") and YY = DEPTH (starting at 15 to 22")]

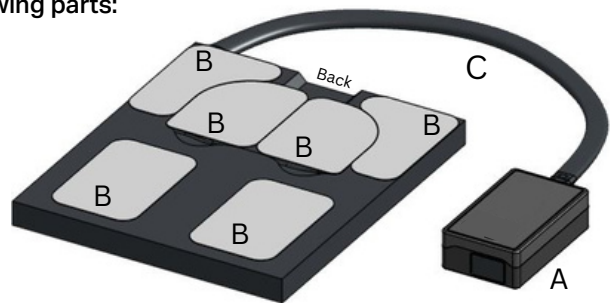
## Standard Features

# \$5,495.00

### ADVANCED PRESSURE MANAGEMENT SYSTEM (APMS)

The APMS provides an Orbiter Med Cushion with the following parts:

- A: APMS Control Unit
- B: APMS Air-Cell Assembly
- C: APMS 36" Connecting Hose
- D: APMS Control Unit Charger
- E: APMS Control Unit Mount and Attachment Hardware



### CUSHION STRUCTURE

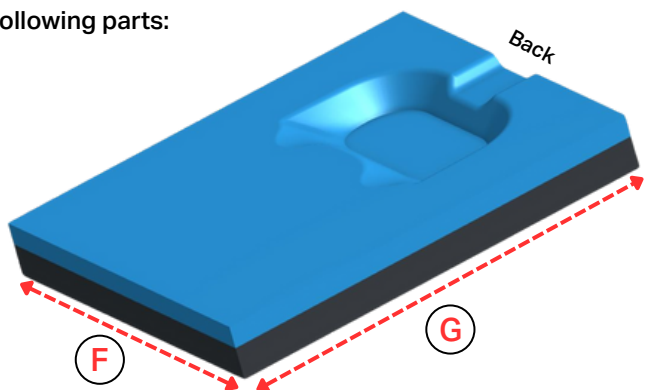
The standard Orbiter Med foam structure contains the following parts:

- Top: Non-FRG X-Soft (1")
- Base layer (1.5")
- Pelvic well (1.25" deep)
  - Bottom of pelvic well is 8"x4.5"
  - Pelvic well is positioned 1.5" from back of cushion

#### Dimensions

F:

G:



**Note: Cushion Base Dimensions: 15 - 22" in 1 inch increments**

**Weight Capacity = 300 lbs**

## Cushion Customizations

**In order to comply with E2609 requirements, you MUST select 2 or more of the following options:**

- 25mm Pre-Ischial Ridge (PIR-00-1)
- Posterior Lateral Pelvic Support (LPS-00-1) – Need left and right sizes: 1", 2", or 3"
- Medial Thigh Support (MTS-00-1) – Need size option
- Lateral Thigh Support (LTS-00-1) – Need left and right sizes: 1", 2", or 3"

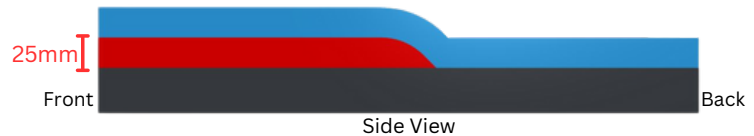
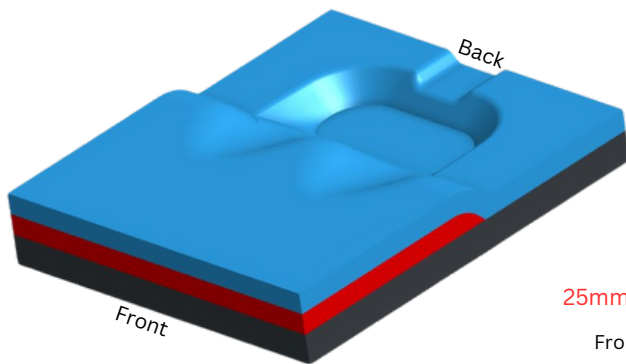
**Additional Optional Customizations Include:**

- Leg Length Discrepancy (LLD-00-1)
- Scrotal Well (SW-00-1)
- Air Hose Length Customization (AHL-00-1)
- Switch Control Extender
- XLR Charger

PRE-ISCHIAL RIDGE

\$190.00

(Check if requested)



**POSTERIOR LATERAL PELVIC SUPPORT**

**\$295.00**

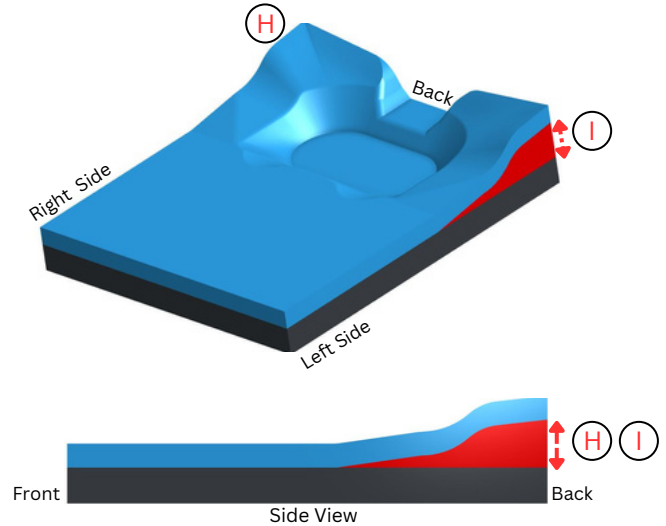
(Check if requested)

**Right Side Dimensions**

H: 1"  2"  3"

**Left Side Dimensions**

I: 1"  2"  3"



**MEDIAL THIGH SUPPORT**

**\$285.00**

(Check if requested)

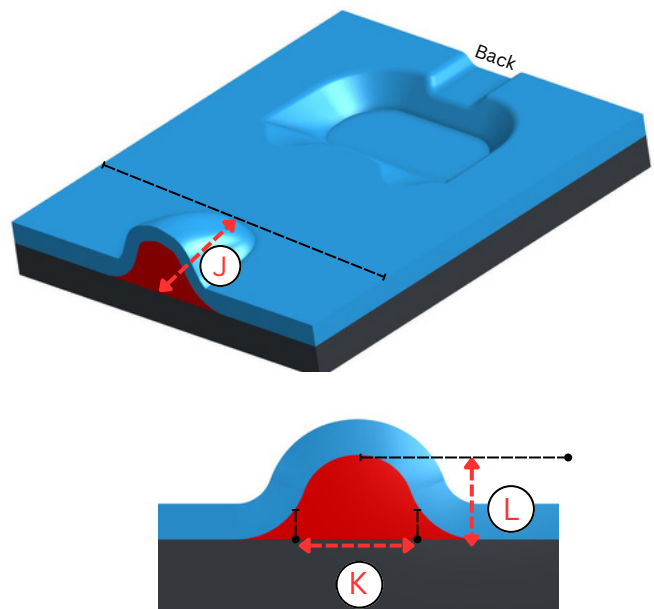
**Dimensions**

J: 3"  4"  5"  6"

K: 3"  4"  5"  6"

L: 2"  2.5"  3"  3.5"

4"  4.5"  5"



Front View

LATERAL THIGH SUPPORT

\$295.00

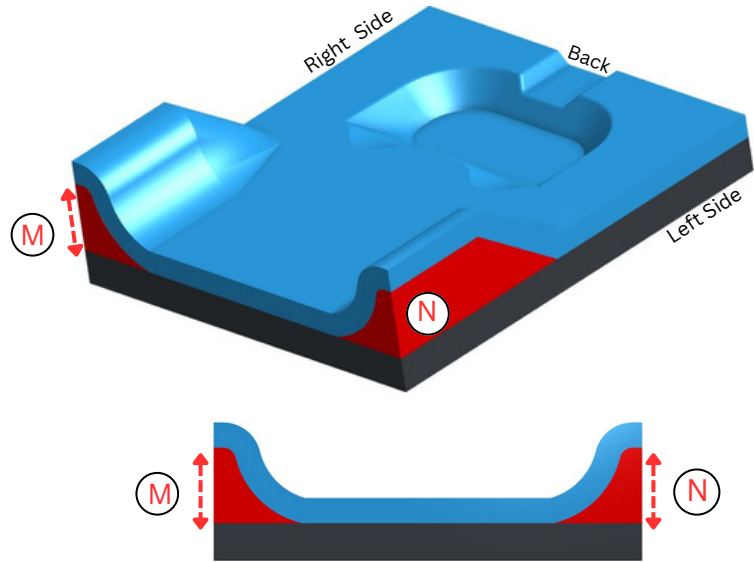
(Check if requested)

**Right Side Dimensions**

M: 1"  2"  3"

**Left Side Dimensions**

N: 1"  2"  3"



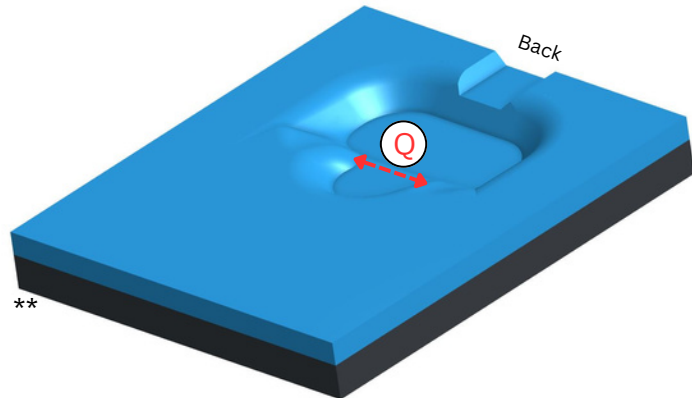
SCROTAL WELL

\$200.00

(Check if requested)

Q:

(\*\*image shows 4" scrotal well)  
Maximum width of 6"



LEG LENGTH DISCREPANCY

\$675.00

(Check if requested)

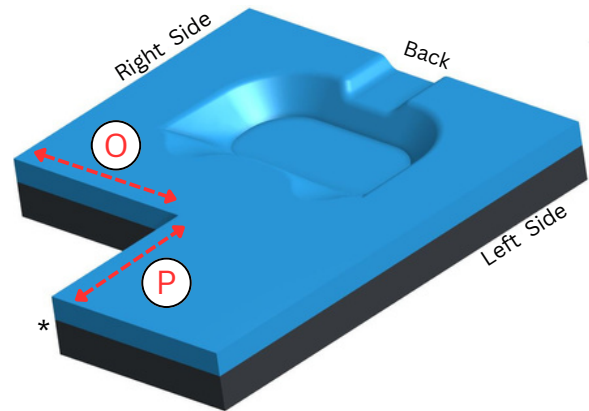
**Dimensions**

Left  Right

(\*image shows right side cut out)

O:

P:



Note: Default cut width is half the distance of the cushion width. Leg Length Discrepancy customizations may affect other customization dimensions. Please use the comment section on Page 7 for additional requests.

