



Order Form

Kalogon
2412 Irwin St.
Melbourne, FL 32901
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

- 14 day turnaround time

For Quotes:
quotes@kalogon.com

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

Return Policy
<https://www.kalogon.com/product-returns-warranty>

Additional pricing may apply for customizations not on the order form.

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

Manufacturer:

Model:

Power

Manual

Front Seat Frame Heigh (From Floor):

Rear Seat Frame Heigh (From Floor):

CURRENT SEAT CUSHION

Manufacturer:

Model:

Width:

Depth:

CURRENT BACK SUPPORT

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

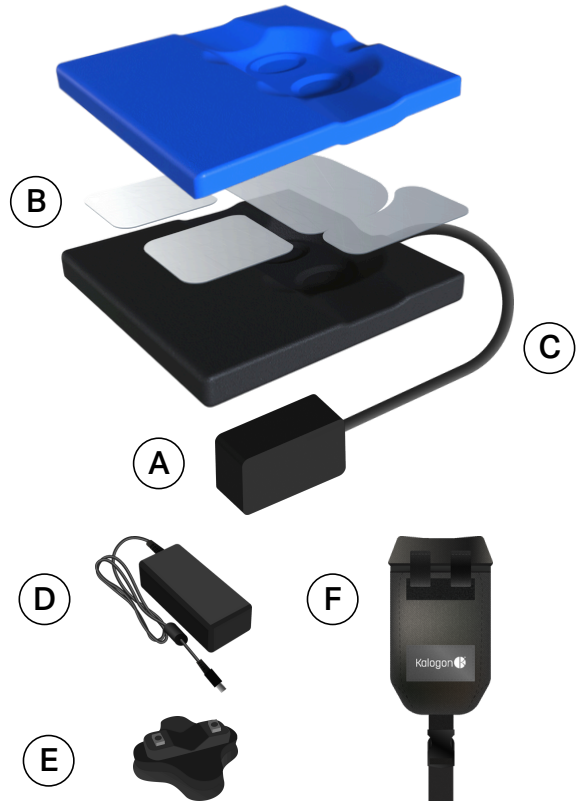
\$5,495.00

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
- OR
- F: APMS Control Unit Mount Pouch

Please check only one APMS mounting option.



BASE CUSHION STRUCTURE

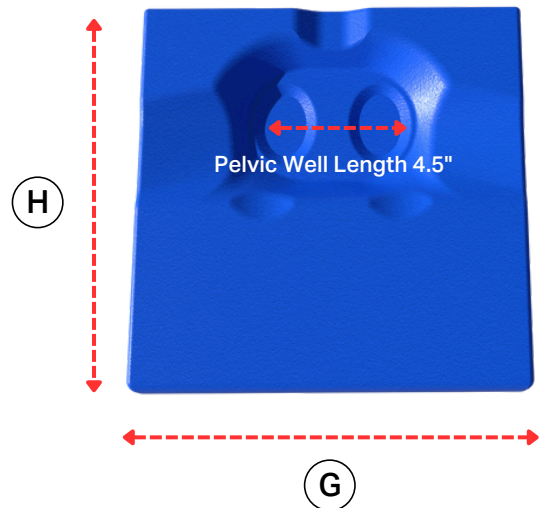
The standard Orbiter Med foam structure contains the following parts:

- Top: Non-FRG X-Soft (1")
- Base layer (1.5")
- Pelvic well
 - Depth: 1.25"
 - Width: 8"
 - Length: 4.5"
 - Pelvic well is positioned 1.5" from back of cushion

Dimensions

G:

H:



Note: Cushion Base Dimensions: 15 - 22" in 1 inch increments. For width and depth increments less than 1", please indicate in "Other Requests" section on Page 8.

Weight Capacity = 300 lbs

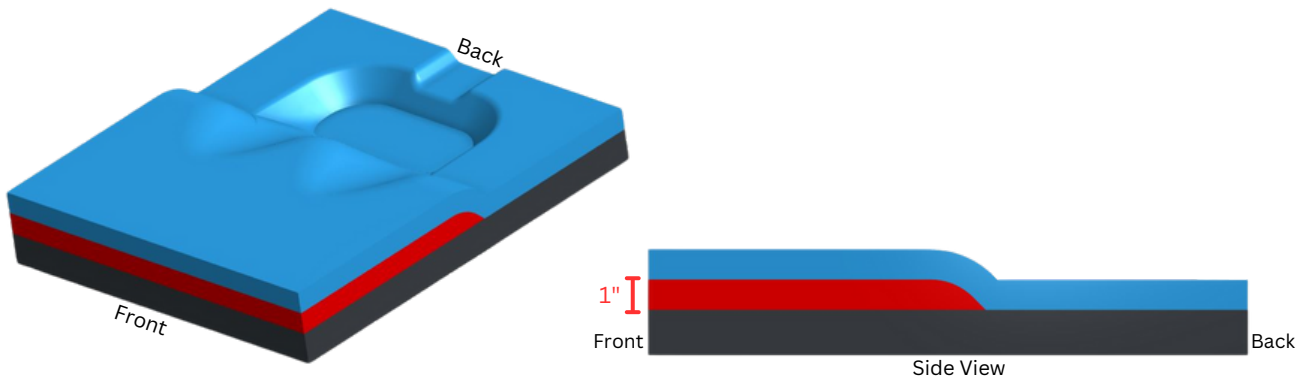
Required Customizations

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

- Pre-Ischial Ridge (PIR-00-1)
- Posterior Lateral Pelvic Supports (LPS-00-1)
- Medial Thigh Support (MTS-00-1)
- Lateral Thigh Supports (LTS-00-1)

PRE-ISCHIAL RIDGE **\$190.00**

(Check if requested)



POSTERIOR LATERAL PELVIC SUPPORT **\$295.00**

(Check if requested)

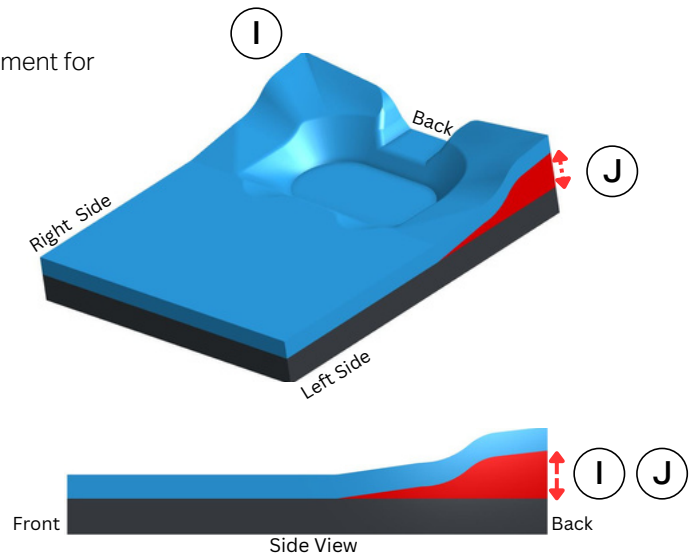
To qualify for E2609 you must choose a custom measurement for both right and left sides

Right Side Dimensions

I: 1" 2" 3"

Left Side Dimensions

J: 1" 2" 3"



MEDIAL THIGH SUPPORT

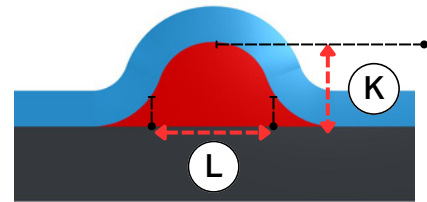
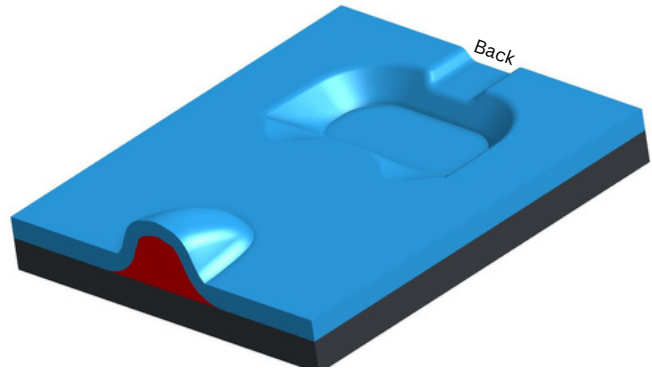
\$285.00

(Check if requested)

Dimensions

K: 2" 2.5" 3"

L: 3" 4" 5" 6"



Front View

LATERAL THIGH SUPPORT

\$295.00

(Check if requested)

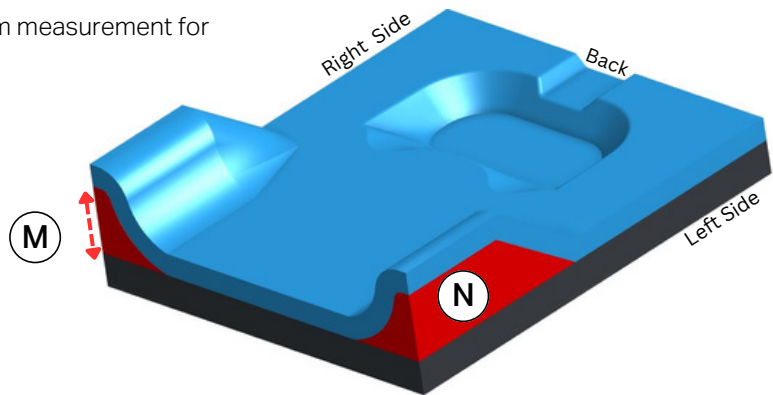
To qualify for E2609 you must choose a custom measurement for both right and left sides

Right Side Dimensions

M: 1" 2" 3"

Left Side Dimensions

N: 1" 2" 3"



Additional Customizations

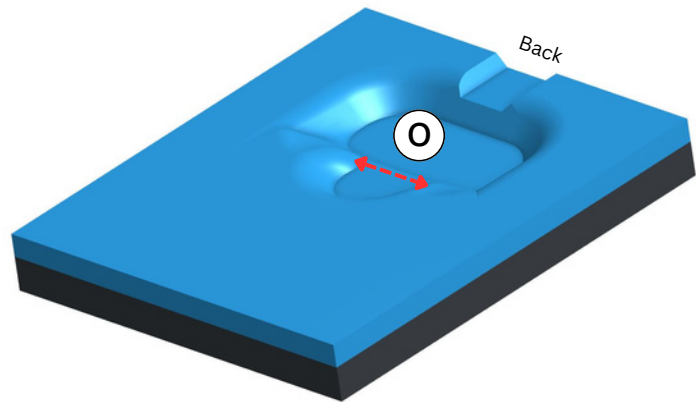
SCROTAL WELL

\$200.00

(Check if requested)

O:

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



LEG LENGTH DISCREPANCY

\$675.00

(Check if requested)

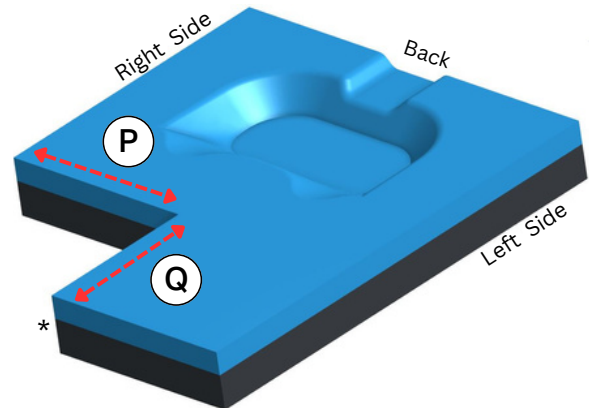
Dimensions

Left Right

(*image shows right side cut out)





P:

Q:



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.

ADDITIONAL NEEDS

Item	Price	SKU	Quantity	Total Price
Extra 4-Way Stretch Cover	\$450.00	OMC-00-1		
Air Hose Length Customization (C) Length: _____ (12" - 48")	\$200.00	AHL-00-1		
 Switch Control Extender	\$250.00	EXT-00		
 XLR Charger	\$315.00	ORB-L01-501		
 Additional Mount Pouch	\$145.00	MMP-00-1		
 Additional Control Unit Mount and Attachment Hardware	\$145.00	MA-00-1		

OTHER REQUESTS (OPTIONAL)

Please use the grid (right) to illustrate the cushion customizations. Use the lines (below) to describe any additional requests or customizations.

Note: Requests that deviate from the customizations outlined on this order form cannot be guaranteed. Additional requests are subject to increased cost and lead times. Please contact Kalogon for more information.

