

Vendor Name: _____

Contact Name: _____

PO #: _____

Tag Name: _____ Date: _____

Fax to 905.564.5424 or Email to info@mapleleafwheelchair.ca

Padded Foot Box - Full

- ♦ ABS Outer Shell
- ♦ Nylon Covered Foam Padding

♦ Standard Sizes: 16" ☐ 18" ☐ 20" ☐
ADP: SEFND0020 PFB16 PFB18 PFB20

\$300.00

Qty: _____

♦ Non-Standard Sizes: _____" ☐
*please specify
PFBC

\$400.00

Qty: _____

Padded Foot Box - Split

- ♦ ABS Outer Shell
- ♦ Nylon Covered Foam Padding

♦ Standard Sizes: 16" ☐ 18" ☐ 20" ☐
includes left & right SFB16 SFB18 SFB20
ADP: SEFND0020

\$300.00

Qty: _____

- ♦ Options: ☐ Outer Wall Only - N/C
- ☐ Outer & Inner Wall **+\$100.00**

♦ Non-Standard Sizes: _____" ☐
includes left & right *please specify
SFBC

\$400.00

Qty: _____

♦ Standard Sizes:
☐ Left Side Only ☐ Right Side Only
16" ☐ 18" ☐ 20" ☐ 16" ☐ 18" ☐ 20" ☐
SFB16L SFB18L SFB20L SFB16R SFB18R SFB20R
ADP: SEFND0020 ADP: SEFND0020

\$207.00

Qty: _____

♦ Non-Standard Sizes: _____" ☐
ADP: SEFND0020 *please specify
☐ Left Side Only ☐ Right Side Only
SFBCL SFCBR

\$275.00

Qty: _____

Padded Foot Box- Custom Shape

♦ ☐ Padded Foot Box - Full _____" ☐ **\$450.00**
PFBCS *chair width Qty: _____
ADP: SEFND0020

♦ ☐ Padded Foot Box - Split _____" ☐ **\$450.00**
SFBCS *chair width Qty: _____
ADP: SEFND0020

Drawing:

TRAY ADD-ONS

FBGEL1 Add Gel to Footbox - Standard	\$200.00 ☐
FBGEL2 Add Gel to Footbox - Non-Standard	\$240.00 ☐

Prices subject to change, an order confirmation will be sent with up-to-date pricing.

www.mapleleafwheelchair.ca

