

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"
PFB16 PFB18 PFB20

\$300.00

Qty: _____

◆ Non-Standard Sizes: _____"
*please specify
PFC

\$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

\$300.00

Qty: _____

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

◆ Non-Standard Sizes: _____"
includes left & right *please specify
SFC

\$400.00

Qty: _____

◆ Standard Sizes:
 Left Side Only Right Side Only
 16" 18" 20" 16" 18" 20"
SFB16L SFB18L SFB20L SFB16R SFB18R SFB20R

\$207.00

Qty: _____

◆ Non-Standard Sizes: _____"
*please specify
 Left Side Only Right Side Only
SFBCL SFCR

\$275.00

Qty: _____

Padded Foot Box- Custom Shape

◆ Padded Foot Box - Full _____" **\$450.00**
PFBCS *chair width
 Qty: _____

◆ Padded Foot Box - Split _____" **\$450.00**
SFBCS *chair width
 Qty: _____

Drawing:

TRAY ADD-ONS

FBGEL1 Add Gel to Footbox - Standard	\$100.00 <input type="checkbox"/>
FBGEL2 Add Gel to Footbox - Non-Standard	\$140.00 <input type="checkbox"/>

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

www.mapleleafwheelchair.ca

