Prentke Romich Company
1022 Heyl Road | Wooster, OH 44691
Phone (800) 262-1984 | Fax (330) 263-4829
prentrom.com

PRC MOUNTING SELECTION SHEET

CLIENT: *The client is the person who will be receiving the equipment or services.*

Client Last Name:_____ First Name:_____

Client D.O.B. _____ State of Residence:_____

Make/Model of Wheel Chair (if wheelchair mount is requested): _____

Device/Access Method: _____

CONTACT PERSON: *Contact person is the person who would address any questions related to this Selection Sheet.*

Contact Person Last Name:_____ First Name:_____

Phone:_____ Email:_____

Please note that all of PRC stocked mounts are manufactured by Rehadapt.
If you are requesting a mount **NOT** on this form (either from Rehadapt or another manufacturer), please attach a quote for that mount.

QRM Mounting Plate: *Optional*

- ☐ Accent 800/1000 (+$26)
- ☐ PRiO Serial Number lower than 200PRA (+$59)
- ☐ PRiO SN higher than 199PRA (+$59)
- ☐ PRiO-mini SN lower than 35PRM (+$59)
- ☐ PRiO-mini higher than 34PRM (+$59)

The QRM Mounting Plate is included with the Accent 1400. The QRM Mounting Plate is NOT included with an Accent 800, Accent 1000, PRiO, or PRiO-mini unless the QRM Mounting Plate/Bracket has been selected as an accessory on the product selection sheet. Please select ONE plate option if you will need a mounting plate with your mount order for Accent 800, 1000, PRiO, or PRiO-mini.

1. SELECT TYPE OF MOUNT: *REQUIRED*

All Purpose Mounts are available to accommodate variable or complex positioning of the SGD in multiple locations such as wheelchair and bed/chair/floor etc. For pricing, configuration and availability contact your PRC consultant or PRC funding.

☐ Wheelchair Only - *Select from section **1A***

☐ Table or Floor Mount Only - *Select from section **1B***

1A. WHEELCHAIR MOUNT:

☐ **RM-2**
Proceed to Step 2A

☐ **RM-3**
Proceed to Step 2B

☐ **RM-S**
Proceed to Step 2C

Equipped with a double tube. Significantly reduces vibration, allows for heavier devices on mounts.

☐ **RM-3HD**
Proceed to Step 2D

1B. TABLE AND FLOOR MOUNT: *if selecting ONLY a table or floor mount, then **no further selection is necessary**.*

☐ **Standard Tablestand**

☐ **Standard Floorstand**

☐ **PentaLock**

☐ **VarioLock***

☐ **Standard Floorstand**
*with QuickPack Option**

☐ **VarioFloat***

*Due to the cost of this product, they may not be available for all funding sources. Contact your local PRC consultant or the Funding Department at 800-268-5224

NOT FOR USE WITH RENTALS. FOR PURCHASES **ONLY**

Client Last Name: _____ First Name: _____

2. SELECT TUBING SIZE FOR WHEELCHAIR MOUNTS

Step 2A – RM-2
Standard tube lengths

Please select one:

- ☐ Ship standard tube lengths
- ☐ Replace one or more tubes
  - ☐ Replace vertical tube with 12” tube
  - ☐ Replace vertical tube with 20” tube
  - ☐ Replace horizontal tube with 16” tube
  - ☐ Replace horizontal tube with 8” tube

Proceed to Step 3

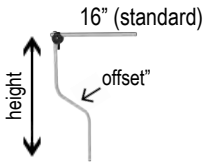
Step 2B – RM-3
Standard tube lengths

Please select one:

- ☐ Ship standard tube lengths
- ☐ Replace one or more tubes
  - ☐ Replace 8” frame tube with 12” tube
  - ☐ Replace vertical tube with 12” tube
  - ☐ Replace vertical tube with 20” tube
  - ☐ Replace horizontal tube with 16” tube
  - ☐ Replace horizontal tube with 8” tube

Proceed to Step 3

Step 2C – RM-S



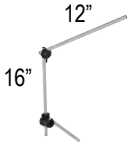
1. **MUST Choose the appropriate offset distance*.**
   - ☐ SMALL (6” offset/ 26” high)
   - ☐ MEDIUM (9” offset/30” high)
   - ☐ LARGE (12” offset/34” high)

2. **Horizontal tube length:** *Choose one*
   - ☐ Ship standard length
   - ☐ Replace horizontal tube with 12” tube

*Larger offset will set the device further from the client

Proceed to Step 3

Step 2D – RM-3HD
Standard tube lengths



Please select one:

- ☐ Ship standard tube lengths
- ☐ Replace one or more tubes
  - ☐ Replace vertical tube with 12” tube
  - ☐ Replace vertical tube with 20” tube
  - ☐ Replace horizontal tube with 16” tube
  - ☐ Replace horizontal tube with 8” tube

Proceed to Step 3

3. SELECT TOP CORNER JOINT FOR WHEELCHAIR MOUNTS: *Select ONE, regardless of wheelchair mount*

☐ **Universal Quick Shift Joint**
Fully adjustable for alignment of device. Includes handle.

Included joint if fold down joint option is not selected.

Proceed to Step 4

Fold Down Joint Option (+$190)
Fold Down Joint for quick folding of mount. May not be available for all funding sources.

Select location of folding joint:
Left and right is from perspective of person in wheelchair.

- ☐ Left Side Fold Down Option
- ☐ Right Side Fold Down Option

Proceed to Step 4

4. SELECT FRAME CLAMP TO ATTACH MOUNT TO WHEELCHAIR: *Select ONE, regardless of wheelchair mount*

Pictured: 1”, 3/4”, & 7/8” Round Clamps

- ☐ 1” Round
- ☐ 3/4” Round
- ☐ 7/8” Round

☐ 1” Side Mount

☐ T-nut for Quantum/Invacare
☐ T-nut for Quickie

Pictured: T-Nut Quickie \& Quantum Clamps

☐ Permobil – Unitrack

☐ Tie Down Bracket and Bolts

☐ Kimba

☐ Rectangular

☐ Madita

☐ Base Coupler Option for the RM-3/RM-3HD (+$170)

☐ Other_____

Additional Frame Clamp Required? Please specify from list above:

_____

Questions about which wheelchair frame clamp you need? Contact our mounting specialists at (800) 262-1990.

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