



# JAY® J3 Carbon Fiber Posterior (PA) Backrest

E2613

January 2025

**Mark For:** \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Dealer Acct #: \_\_\_\_\_  
 Dealer: \_\_\_\_\_  
 Dealer Contact: \_\_\_\_\_  
 Dealer Address: \_\_\_\_\_  
 Dealer City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Dealer Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Confirmation Email: \_\_\_\_\_  
 Confirm Via:  Fax  Email

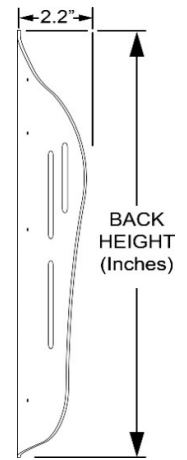
**Submitting for:**  Quote  Order  
 PO#: \_\_\_\_\_  
**ADDITIONAL SHIPPING INFORMATION**  
 Ship To: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Ship To City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Ship To Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

The **HCPCS CODES** herein are based on PDAC verification or interpretation of Medicare definitions and guidelines. Non-Medicare payers may accept alternative **HCPCS CODES**, including misc. codes to ensure access for their enrollees. The use of **HCPCS CODES** does not ensure coverage or payment.

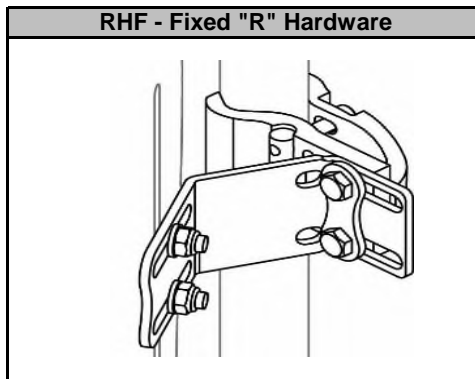
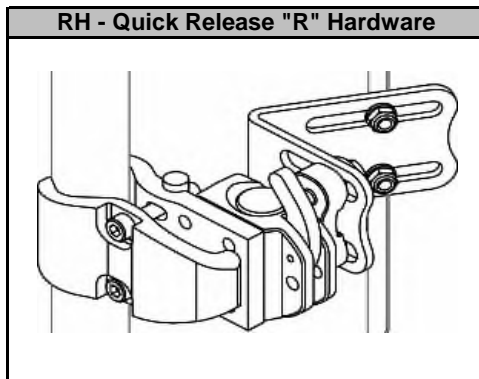
## JAY® J3 Carbon Fiber Posterior (PA) Backrest - E2613



<b>BACKREST WIDTH</b>	<b>14"</b>	<b>16"</b>	<b>18"</b>	<b>20"</b>
<b>BACKCANE WIDTHS</b>	<b>14"- 16"</b>	<b>16"- 18"</b>	<b>18"- 20"</b>	<b>20"- 22"</b>
<b>MAX. USER TRUNK WIDTH</b>	<b>13"</b>	<b>15"</b>	<b>17"</b>	<b>19"</b>



Back Height	Lower Thoracic (LT)		14"		16"		18"		20"	
	Width	Code	14"	16"	16"	18"	18"	20"	20"	22"
	6.5" (S)	J3CFPALTSxxRH	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047		
		J3CFPALTSxxRHF	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047		
	8.0" (M)									
	9.5" (T)	J3CFPALTTxxRH	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047
		J3CFPALTTxxRHF	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047
	12.0" (S)	J3CFPAMTSxxRH	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047
		J3CFPAMTSxxRHF	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047
13.5" (M)										
15.0" (T)	J3CFPAMTTxxRH	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	
	J3CFPAMTTxxRHF	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	<input type="checkbox"/>	\$1,047	



JAY Your Way Modifications available on Page 2.

# JAY YOUR WAY MODIFICATIONS

To order sizes offered via JAY Your Way add a "M" to the front of the part number and follow the prompts.  
For additional modifications visit [www.sunrisemedical.com](http://www.sunrisemedical.com).

MILITARY SERVICE PATCHES			
<input type="checkbox"/>	VAPH	Purple Heart Service Patch	NC
<input type="checkbox"/>	VAM	Marine Service Patch	NC
<input type="checkbox"/>	VAA	Army Service Patch	NC
<input type="checkbox"/>	VAAF	Air Force Service Patch	NC
<input type="checkbox"/>	VAN	Navy Service Patch	NC
<input type="checkbox"/>	VACG	Coast Guard Service Patch	NC
<input type="checkbox"/>	VASF	US Space Force Service Patch	NC

SPINAL FLUID PAD			
<input type="checkbox"/>	SFP	Spinal Fluid Pad	\$58.00

VISCO FOAM INSERT			
<input type="checkbox"/>	VF	Visco Foam Insert	\$58.00
<input type="checkbox"/>	VFWSR	Visco Foam Insert with Spinal Relief	\$58.00

EMBROIDERY			
<input type="checkbox"/>	EMBROIDERY	K0108	Embroidery (32 Character Max) \$26.00
		Location:	<input type="checkbox"/> Front
		Font:	<input type="checkbox"/> Block <input type="checkbox"/> Script
Embroidery Text:		<input type="text"/>	
Embroidery Color:		<input type="text"/>	

Don't see the option you want? NO PROBLEM!  
Write your request below and we can evaluate it and provide a quote

**Notes:**

COVER OPTIONS - Contact Surface			
<input type="checkbox"/>	DBS	Dartex Back Surface	NC
<input type="checkbox"/>	3DXBS	3DX Back Surface	NC
<input type="checkbox"/>	RDBS	Reverse Dartex Back Surface	NC

COVER OPTIONS - Rear Center Flap			
<input type="checkbox"/>	CBC	Black Cover	NC
<input type="checkbox"/>	CBCI	Black Incontinence Cover	NC



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