



## Section C: Product Specific Information

Provide the requested product specific information or answer the questions related to the products listed in Section B– Product Information of the Coding Verification Review Application.

### Manual Wheel Chairs

Does this product carry warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide duration of warranty:	
Does this product meet the three-year Minimum Lifetime Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this chair come with a back and seat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provide the following product measurements and the unit of measure for each</b>	
Seat width:	Seat height:
Back width:	Back height:
Description of the back: <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> High <input type="checkbox"/> Standard	
Weight of the manual wheelchair without front riggings:	
For transport chair (E1038, E1039), provide the patient weight capacity:	
For all other manual wheelchairs, provide the weight capacity:	
Provide the degree of tilt, if applicable:	
Provide the degree of recline, if applicable:	