



Retail Order Form

USA Effective January 1, 2024 Date: _____

Portable User Specifications

Height Range up to 36"
Weight Limit 36 lbs
Approximate Age 0 - 3 Years

Bill To (Ultimate Medical Supplier Only)

Purchase Order #: _____

Quote #: _____

Account #: _____

Ordered By: _____

Name of ATP (Required): _____

Supplier Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Payer Source: _____

Ship To

Name: _____

Address: _____

Address: _____

City, State: _____

Zip: _____

Phone: _____

Tag For: _____

Email form to webquotes@zingstanders.com

AltimateMedical

Ph: 800.342.8968 or 507.697.6393

Fax: 877.342.8968 or 507.697.6900

zingstanders.com

Portable Packages

Note: The default items will be added if no selection is made.

☐ **PK520 MPS Package** DEFAULT **\$5,114**

The MPS package includes: (no substitutions)

Base, Mast with Leg Abduction, Multi-Adjustable Foot Plates, Foot Straps, Multi-Adjustable Knee Pads, Pelvic Form to Fit Pad, **(Prone)** Upper Body Form to Fit Pad, Positioning Tray, **(Supine)** Upper Body Form to Fit Pad, and Head Support.

☐ **PK521 Supine Package** **\$4,327**

The Supine package includes: (no substitutions)

Base, Mast with Leg Abduction, Multi-Adjustable Foot Plates, Foot Straps, Multi-Adjustable Knee Pads, Pelvic Form to Fit Pad, Upper Body Form to Fit Pad, Black Molded Swing-Away Tray and Head Support.

☐ **PK522 Prone Package** **\$3,767**

The Prone package includes: (no substitutions)

Base, Mast with Leg Abduction, Multi-Adjustable Foot Plates, Foot Straps, Multi-Adjustable Knee Pads, Pelvic Form to Fit Pad, Upper Body Form to Fit Pad, Multi-Adjustable Black Molded Tray and Head Support.



Retail Order Form

USA Effective January 1, 2024 Date: _____

Prone Size 1 User Specifications	
Height Range	18"-44"
Weight Limit	70 lbs

Bill To (Altimate Medical Supplier Only)

Purchase Order #: _____

Quote #: _____

Account #: _____

Ordered By: _____

Name of ATP (Required): _____

Supplier Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Payer Source: _____

Ship To

Name: _____

Address: _____

Address: _____

City, State: _____

Zip: _____

Phone: _____

Tag For: _____

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Prone Size 1 Packages

Note: The default items will be added if no selection is made.

Select one one Color

Frame Color (select one)

<input type="checkbox"/> Green <small>DEFAULT</small>	<input type="checkbox"/> White
<input type="checkbox"/> Purple	<input type="checkbox"/> Orange

☐ **PK408 Moderate Support Package.....\$6,209**

The moderate support package includes: (no substitutions)
Mast with Leg Abduction, Multi-Adjustable Foot Plates, Secure Foot Straps, Multi-Adjustable Knee Pads, Knee Strap, Planar Pelvic Pad, Hip Supports, Padded Positioning Strap (2), Planar Upper Body Pad, Lateral Supports, Face Aperture, Multi-Adjustable Black Molded Tray, Forearm Wings, Push Handle for Tray, Swivel Locking Casters, Foot Operated Gas Spring, Mast Receiver.

Multi-Adjustable Foot Plates (select one, pair)
☐ 6"Lx3"W ☐ 7.75"Lx3.25"W DEFAULT ☐ 9.75"Lx4"W

Secure Foot Straps (select one, length over top of foot, two pair)
☐ 8"L ☐ 10"L DEFAULT

Multi-Adjustable Knee Pads (select one, inside width)
☐ 2.5" ☐ 3.25" DEFAULT ☐ 4.25" ☐ 5"

Pelvic Support-Planar Pad (select one)
☐ 5"Hx7"W ☐ 5"Hx9"W DEFAULT

Upper Body Support-Planar Pad (select one)
☐ 5"Hx5"W ☐ 5"Hx7"W ☐ 5"Hx9"W DEFAULT
☐ 7"Hx7"W ☐ 7"Hx9"W

Lateral Supports (select one)
☐ 4"-8"W Range (select pad style below)

☐ Square Pads ☐ Flat Pads ☐ Curved Pads

☐ 7"-11"W Range (select pad style below)

☐ Square Pads DEFAULT ☐ Flat Pads ☐ Curved Pads

☐ **PK409 Maximum Support Package.....\$6,522**

The maximum support package includes: (no substitutions)
Mast with Leg Abduction, Dual Control, Gas Spring Lift Lockout, Directional Locking Caster, Multi-Adjustable Foot Plates, Secure Foot Straps, Multi-Adjustable Knee Pads, Knee Strap, Planar Pelvic Pad, Hip Supports, Padded Positioning Strap (2), Planar Upper Body Pad, Lateral Supports, Face Aperture, Multi-Adjustable Tray, Forearm Wings, Push Handle for Tray, Swivel Locking Casters, Foot Operated Gas Spring, Mast Receiver.

Multi-Adjustable Foot Plates (select one, pair)
☐ 6"Lx3"W ☐ 7.75"Lx3.25"W DEFAULT ☐ 9.75"Lx4"W

Secure Foot Straps (select one, length over top of foot, two pair)
☐ 8"L ☐ 10"L DEFAULT

Multi-Adjustable Knee Pads (select one, inside width)
☐ 2.5" ☐ 3.25" DEFAULT ☐ 4.25" ☐ 5"

Pelvic Support-Planar Pad (select one)
☐ 5"Hx7"W ☐ 5"Hx9"W DEFAULT

Upper Body Support-Planar Pad (select one)
☐ 5"Hx5"W ☐ 5"Hx7"W ☐ 5"Hx9"W DEFAULT
☐ 7"Hx7"W ☐ 7"Hx9"W

Lateral Supports (select one)
☐ 4"-8"W Range (select pad style below)

☐ Square Pads ☐ Flat Pads ☐ Curved Pads

☐ 7"-11"W Range (select pad style below)

☐ Square Pads DEFAULT ☐ Flat Pads ☐ Curved Pads

Multi-Adjustable Tray (select one)
☐ Black Molded 11"Lx19"W ☐ Clear Tray-11"Lx19"W DEFAULT

Standing technology should only be used under the guidance of a physician with recommendations for standing program protocol and reserves the right to change features, specifications, and prices without prior notification. Check with AMI for latest information. any medical precautions. Standing programs should be monitored by the attending therapist. AMI maintains a policy of continual product improvement. FORM ZMP52PLPKG-120123 Copyright © 2023 Altimate Medical, Inc. All rights reserved. U.S. & international patents pending. Printed in the U.S.A.



Retail Order Form

USA Effective January 1, 2024 Date: _____

Prone Size 2 User Specifications	
Height Range	40"-60"
Weight Limit	154 lbs

Bill To (Altimate Medical Supplier Only)

Purchase Order #: _____

Quote #: _____

Account #: _____

Ordered By: _____

Name of ATP (Required): _____

Supplier Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Payer Source: _____

Ship To

Name: _____

Address: _____

Address: _____

City, State: _____

Zip: _____

Phone: _____

Tag For: _____

Email form to webquotes@zingstanders.com

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zingstanders.com

Prone Size 2 Packages

Note: The default items will be added if no selection is made.

Select one one Color

Frame Color (select one)

<input type="checkbox"/> Green <small>DEFAULT</small>	<input type="checkbox"/> White
<input type="checkbox"/> Purple	<input type="checkbox"/> Orange

☐ **PK420 Moderate Support Package.....\$7,289**
The moderate support package includes: (no substitutions)
Mast with Leg Abduction, Multi-Adjustable Foot Plates, Secure Foot Straps, Multi-Adjustable Knee Pads, Knee Strap, Planar Pelvic Pad, Hip Supports, Padded Positioning Strap (2), Planar Upper Body Pad, Lateral Supports, Face Aperture, Black Molded Tray, Elbow Pad, Push Handle for Tray, Swivel Locking Casters, Foot Operated Gas Spring, Mast Receiver.

Multi-Adjustable Foot Plates (select one, pair)
☐ 7.75"Lx3.25"W ☐ 9.75"Lx4"W DEFAULT ☐ 11.75"Lx5"W

Secure Foot Straps (select one, length over top of foot, two pair)
☐ 10"L ☐ 15"L DEFAULT ☐ 21"L

Multi-Adjustable Knee Pads (select one, inside width)
☐ 3.25" ☐ 4.25" DEFAULT ☐ 5"

Pelvic Support-Planar Pad (select one)
☐ 10"Hx11"W ☐ 10"Hx13"W DEFAULT

Hip Supports (select one range)
☐ 7"-13" ☐ 12"-18" DEFAULT

Upper Body Support-Planar Pad (select one)
☐ 5"Hx7"W ☐ 5"Hx9"W DEFAULT
☐ 7"Hx7"W ☐ 7"Hx9"W

Lateral Supports (select one)
☐ Flat Pads ☐ Curved Pads DEFAULT
7"-12"W Range with 7"W Pad, 9"-14"W Range with 9"W Pad

☐ **PK421 Maximum Support Package.....\$7,661**
The maximum support package includes: (no substitutions)
Mast with Leg Abduction, Dual Control, Gas Spring Lift Lockout, Directional Locking Caster, Multi-Adjustable Foot Plates, Secure Foot Straps, Multi-Adjustable Knee Pads, Knee Strap, Planar Pelvic Pad, Hip Supports, Padded Positioning Strap (2), Planar Upper Body Pad, Lateral Supports, Face Aperture, Multi-Adjustable Tray, Elbow Pad, Push Handle for Tray, Swivel Locking Casters, Foot Operated Gas Spring, Mast Receiver.

Multi-Adjustable Foot Plates (select one, pair)
☐ 7.75"Lx3.25"W ☐ 9.75"Lx4"W DEFAULT ☐ 11.75"Lx5"W

Secure Foot Straps (select one, length over top of foot, two pair)
☐ 10"L ☐ 15"L DEFAULT ☐ 21"L

Multi-Adjustable Knee Pads (select one, inside width)
☐ 3.25" ☐ 4.25" DEFAULT ☐ 5"

Pelvic Support-Planar Pad (select one)
☐ 10"Hx11"W ☐ 10"Hx13"W DEFAULT

Hip Supports (select one range)
☐ 7"-13" ☐ 12"-18" DEFAULT

Upper Body Support-Planar Pad (select one)
☐ 5"Hx7"W ☐ 5"Hx9"W DEFAULT
☐ 7"Hx7"W ☐ 7"Hx9"W

Lateral Supports (select one)
☐ Flat Pads ☐ Curved Pads DEFAULT
7"-12"W Range with 7"W Pad, 9"-14"W Range with 9"W Pad

Multi-Adjustable Tray (select one)
☐ Black Molded 21"Lx24"W ☐ Clear Tray-21"Lx24"W DEFAULT

Elbow Pad (select one)
☐ 9.25" Cutout ☐ 11" Cutout DEFAULT ☐ 13" Cutout