

Refurbished Mobility Device Inventory

Tuesday, March 13, 2018

Device Type

Manual Wheelchair (Folding Hospital)

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
		2454	Medline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	16	2056	Invacare	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	15	2341	Invacare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	15	2340	Invacare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	15	2317	Sunrise - Quickie	Breezy EC 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	1464	Medline	Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2456	Drive	Astaire Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2113	Guardian	EasyCare 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2290	Invacare	Tracer SX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2310	Medline	Excel K3 Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2353	Invacare	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2315	Invacare	tracer EX2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2354	Invacare	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2386	Invacare	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2400	Invacare	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2404	Drive	Cruiser X4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2406	Drive	Cruiser III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	16	2452	Drive	Silver Sport II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	16	2431	Invacare	SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	16	2370	Invacare	9000 SL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22	17	2250	Medline	excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	18	2455	Medline	Excel K4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	18	2402	Invacare	Tracer IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	20	2407	Drive	Sentra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	20	1860	Everest Jennings	Paramount XD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	20	1246	Invacare	topaz 9000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device Type	Power Wheelchair							
Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
		2416	Permobil	C300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	17	1800	Sunrise - Quickie	S-646 SE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	18	2448	Pride	Select Elite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	18	2450	Pride	Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	20	1689	Permobil	C350	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18	20	2147	Pride	Quantum 600	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	17	2010	Pride	Q6 Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	17	2275	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	19	2417	Pride	Edge 2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	20	1676	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	18	2451	Guardian	EasyCare 2000 HD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	23	2009	Pride	Q6 Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	23	2256	Pride	Q6 edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	24	2132	Pride	Quantum Edge HD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
12	12	2002	<input type="text" value="Drive"/>	Rollator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	14	2053	<input type="text" value="Nova"/>	crusier deluxe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	11	2235	<input type="text" value="Dolomite"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	12	2457	<input type="text" value="Drive"/>	Rollator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		2445	<input type="text" value="Nova"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
18	15	2244	<input type="text" value="Medline"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2447	<input type="text" value="Medline"/>	Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2446	<input type="text" value="Drive"/>	Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	1626	<input type="text" value="Unknown"/>	Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2401	<input type="text" value="Medline"/>	Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
18	18	2253	<input type="text" value="Pride"/>	Litestream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
18	18	2372	<input type="text" value="Golden"/>	Buzz Around XL HD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
---------------------	---------------------	-----------	--------------	-------	------	---------	---------	----------

		2120	Invacare	9805P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2418	Genesis	400 Convertible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device Type	Forearm Crutches							
Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
		2425	Medline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>