

Refurbished Mobility Device Inventory

Monday, March 06, 2017

Device Type

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
16	15	1941	<input type="text" value="Guardian"/>	Easy Care 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	16	2056	<input type="text" value="Invacare"/>	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	16	1469	<input type="text" value="Sunrise - Quickie"/>	Breezy 510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	16	1452	<input type="text" value="Sunrise - Quickie"/>	Breezy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	1464	<input type="text" value="Medline"/>	Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	2055	<input type="text" value="Invacare"/>	Tracer SX5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	16	1802	<input type="text" value="Invacare"/>	Tracer EX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	17	2064	<input type="text" value="Sunmark"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	18	1938	<input type="text" value="Drive"/>	Sentra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	18	2066	<input type="text" value="Sunmark"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	18	2065	<input type="text" value="Roscoe Medical"/>	K7 Lite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	18	1919	<input type="text" value="Sunrise - Quickie"/>	Medichoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	20	1860	<input type="text" value="Everest Jennings"/>	Paramount XD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	20	1246	<input type="text" value="Invacare"/>	topaz 9000	<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	2054	<input type="text" value="Pride"/>	Jet 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	18	1657	<input type="text" value="Pride"/>	J6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	18	1949	<input type="text" value="Pride"/>	Quantum J6	<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"/>
17	19	1846	Pride	Quantum 610	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	18	1881	Pride	Jet 3 Ultra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	18	1821	Redman	Redman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	18	1320	Pride	1103 Ultra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	18	1571	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	19	1427	Pride	Jet 3 Ultra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	19	1415	Pride	Quantom 610	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	1801	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	17	2010	Pride	Q6 Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	18	1686	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	18	1875	Pride	Quantum 600	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	20	1676	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	22	2059	Permobil	m300	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	20	2048	Permobil	M300	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	20	1329	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	22	2061	Pride	Jazzy 1170	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Scooter (3 Wheel)

Seat Width (inches)

Seat Depth (inches)

CR Number

Manufacturer

Model

Tilt

Recline

Elevate

Leg Lift

17

16

1880

Golden

Companion II

Device Type

Transport Wheelchair

Seat Width (inches)

Seat Depth (inches)

CR Number

Manufacturer

Model

Tilt

Recline

Elevate

Leg Lift

18	18	1658	Drive	Travelite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	16	1898	Carex	Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	18	2042	Drive	Bariatric Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Manual Wheelchair (Lightweight Folding)

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
12	14	1961	Drive	M4012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	16	1826	Sunrise - Quickie	Quickie Breezy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	18	2063	Sunrise - Quickie	Quickie 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Device Type

Patient Lift (Hoyer or other)

Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift
		2068	THE Medical	UltraLift 1500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>