

Refurbished Mobility Device Inventory

Tuesday, May 02, 2017

Device Type	Manual Wheelchair (Folding Hospital)								
Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift	
16	15	1941	Guardian	Easy Care 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	16	2109	Invacare	Tracer SX5	<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"/>	
16	16	1469	Sunrise - Quickie	Breezy 510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	16	2126	MediChoice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	16	1452	Sunrise - Quickie	Breezy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	16	2110	Invacare	tracer Ex2	<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	2127	Medline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	16	2128	Drive	Cruser III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	16	2129	Invacare	Tracer II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	16	1802	Invacare	Tracer EX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	16	2055	Invacare	Tracer SX5	<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	17	2064	Sunmark		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	17	2124	Invacare	Tracer SX4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	18	2130	Invacare	Tracer SX5	<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	
12	12	2054	Pride	Jet 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	18	1949	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	17	1868	Invacare	TDX SP	<input checked="" 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	2102	Pride	Jazzy select elite	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	18	1821	Redman	Redman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18	19	1415	Pride	Quantom 610	<input checked="" type="checkbox"/>	<input checked="" 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	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	18	1875	Pride	Quantum 600	<input checked="" 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	19	2131	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	20	1329	Pride	Q6 Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
23	20	2014	Pride	Quantum 6000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
15	18	2004	Pride	Litestream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	19	2039	Pride	Litestream XF	<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"/>	
Device Type: Scooter (4 Wheel)									
Seat Width (inches)	Seat Depth (inches)	CR Number	Manufacturer	Model	Tilt	Recline	Elevate	Leg Lift	
		2072	Electric Mobility - Rascal		<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	
		2120	Invacare	9805P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	