

ESTIMATE/ORDER FORM



Blue Chip
Medical Products Inc.

REPLACEMENT STRETCHER & O.R. MATTRESSES

DATE: _____ P.O. NUMBER: _____

NAME: _____ Title: _____

COMPANY NAME/Facility: _____

Address: _____

City: _____ STATE: _____ Zip: _____

Tel: _____ FAX: _____

Thickness:

2" 3" 4"

SECTIONS:

1 2 3

(specify dimensions by filling in diagram at right)

COMPLETE MATTRESS COVER ONLY

CORNERS, HEAD: ROUND SQUARE CUT-off

CORNERS, FOOT: ROUND SQUARE CUT-off

COVER MATERIAL:

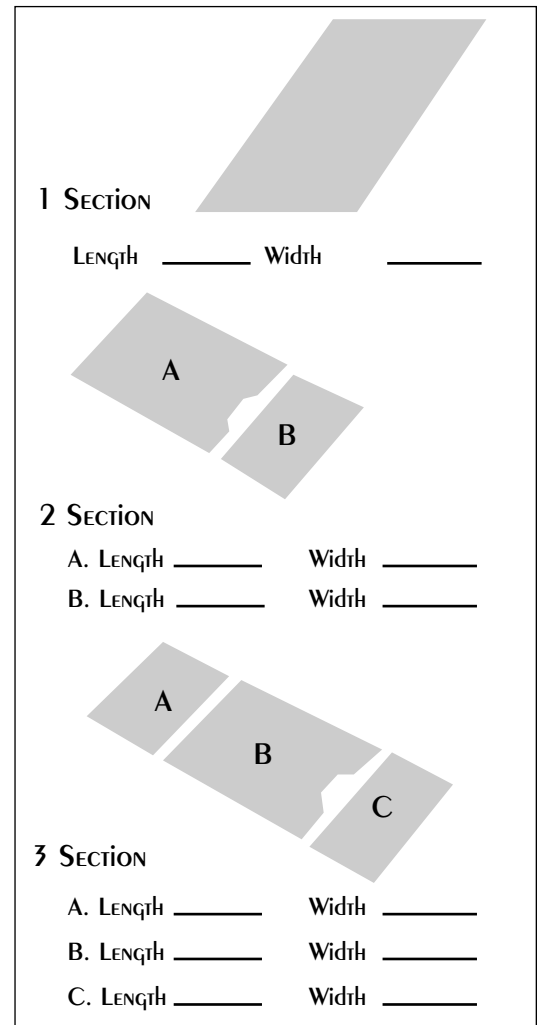
CONDUCTIVE NON-CONDUCTIVE

CLOSURE:

ZIPPERED SEALED

SPECIAL FEATURES:

VELCRO STRIPS
 FABRIC HINGE
 GU CUT-OUT DIAGRAM ENCLOSED
 CUSTOM _____



7-11 SUFFERN PLACE • SUFFERN, NY 10901
Tel: 800 795-6115 • FAX: 845 369-7633
www.bluechipmedical.com