

ESTIMATE/ORDER FORM

REPLACEMENT STRETCHER & O.R. MATTRESSES

DATE: _____ P.O. NUMBER: _____

NAME: _____ Title: _____

COMPANY NAME/FACILITY: _____

Address: _____

City: _____ STATE: _____ Zip: _____

Tel: _____ FAX: _____

Thickness:

1" 2" 3" 4"

SECTIONS:

1 2 3 4

(specify dimensions by filling in diagram at right)

COMPLETE MATTRESS COVER only

CORNERS, HEAD: ROUND SQUARE CUT-off

CORNERS, FOOT: ROUND SQUARE CUT-off

CORE OPTIONS: PPF VISCO GEL FLEX

Soft-FLO GEL/FOAM GRZ

GEOMETRIC GEL FLEX CHANNEL

COVER MATERIAL:

CONDUCTIVE NON-CONDUCTIVE MEDICAL VINYL

VYVEX-I VYVEX-II VYVEX-III

FIRE BARRIER NON SKID BOTTOM

(California Technical Bulletin #129, Boston Fire Code 1X-11 AND FEDERAL FLAMMABILITY STANDARD 16 CFR 1633)

CLOSURE:

WATERFALL FLAP SEALED

VELCRO STRIPS

FABRIC HINGE

GU CUT-OUT GU CUT-OUT FOOT

CUSTOM _____ DIAGRAM ENCLOSED

