

ESTIMATE/ORDER FORM

REPLACEMENT STRETCHER & O.R. MATTRESSES

DATE: _____ P.O. NUMBER: _____
 NAME: _____ TITLE: _____
 COMPANY NAME/Facility: _____ DEPT: _____
 Address: _____
 City: _____ STATE: _____ Zip: _____
 Tel: _____ FAX: _____
 MAUFACTURER: _____ Model: _____

COMPLETE MATTRESS COVER ONLY
 Thickness: 1" 2" 3" 4"
 SECTIONS: 1 2 3 4

(SPECIFY DIMENSIONS BY FOLLOWING DIAGRAM) →

CORNERS, HEAD: ROUND SQUARE CUT-off
 CORNERS, FOOT: ROUND SQUARE CUT-off
 CORE Options: PPF Visco Gel Flex
 Soft-Flo Gel INFUSED GRZ
 GEOMETRIC Gel Gel Flex CHANNEL

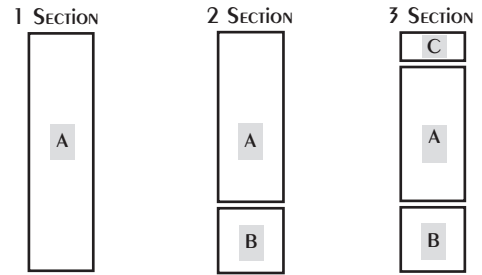
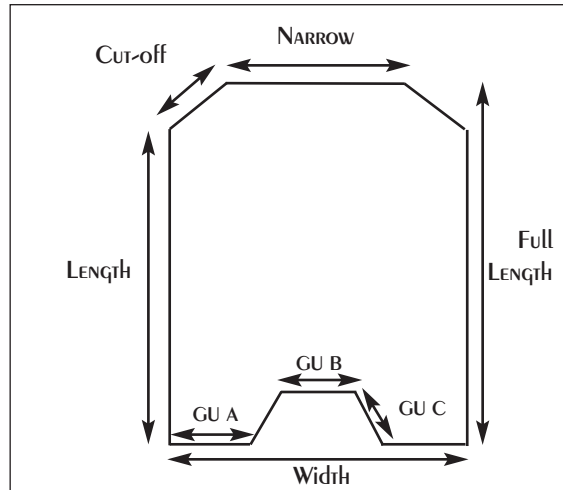
COVER MATERIAL:

CONDUCTIVE: Vyvex-III Vinyl
 NON-CONDUCTIVE: NAUGAHyde Vyvex-I
 Vyvex-II Vyvex-III
 Vinyl
 Options: No-Slip FIRE BARRIER

(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



1 SECTION

SECTION	Full Length	Length	Width	NARROW	CUT-off
A					

2 SECTION

SECTION	Full Length	Length	Width	NARROW	CUT-off
A					
B					

3 SECTION

SECTION	Full Length	Length	Width	NARROW	CUT-off
A					
B					
C					

GU CUT-OUT

SECTION	GU A	GU B	GU C
<input type="radio"/> A <input type="radio"/> B			



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