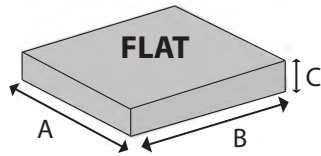
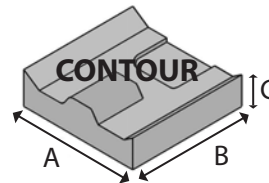


1. Cushions *(please select one of the following)*



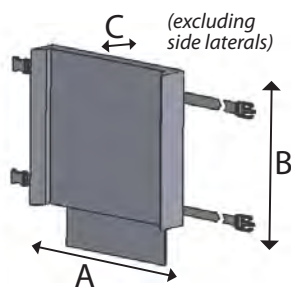
- Lowzone
Airzone
Gel



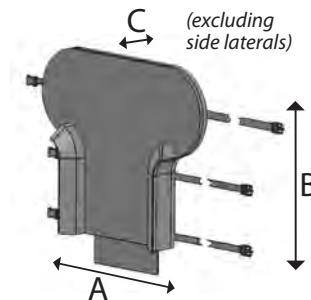
- Lowzone
Airzone
Gel

	MIN/MAX	MIN/MAX	DEPTH	ORDER				
	A	B	C	Flat	Contour	A	B	C
Lowzone	10" - 20"	10" - 20"	2" or 3"					
Airzone	10" - 20"	10" - 20"	2" or 3"					
Gel	12" - 20"	12" - 20"	2" or 3"					
Custom Pocket <i>(Customers' Cushion)</i>								

2. Back *(please select one of the following)*



- Lateral

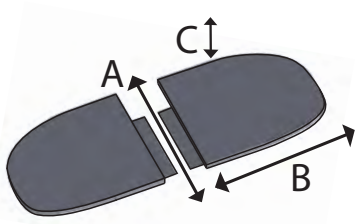


- Winged

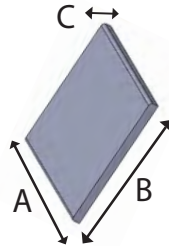
	MIN/MAX	MIN/MAX	DEPTH	ORDER		
	A	B	C	A	B	C
Lateral Back	10" - 20"	10" - 20"	1.5"-3.5"			
Winged Back	ONE SIZE ONLY			18"	24"	1.5"



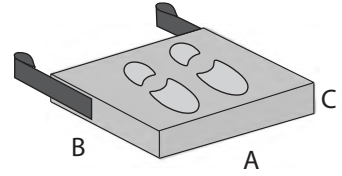
3. Extras *(please tick all that are required)*



Arms with straps
Arms with Velcro



Leg Rest



Foot Block

	A	B	C		A	B	C		A	B	C
Arm Rests	14"	14"	1"	Leg Rests	14"	14"	1"	Foot Block	10"/12"/14"	8"/10"/12"	2"/4"/6"
	18"	18"	1"		17"	17"	1"				

Transport Bag

Spare Cover Set

10" Longer Back Straps

20" Longer Back Straps

Therapist / R.E: _____ Date: _____ Order No: _____

Contact name: _____ Contact Tel. No: _____

Client name: _____ Client Ref: _____

Delivery Address: _____

