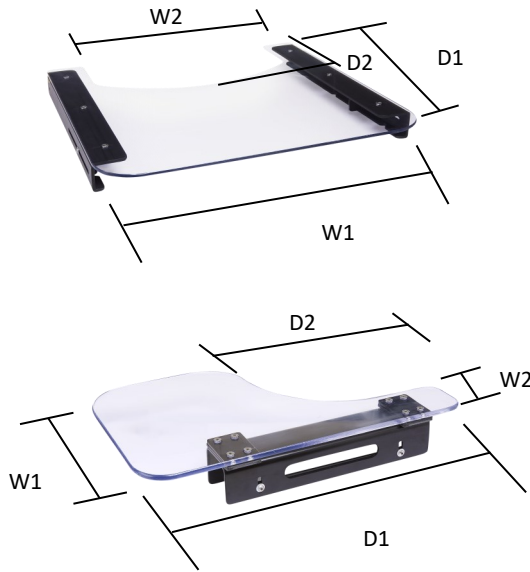


2018-04-24

Date :	P.O.#:
Made for (client) Last name:	First name:
Ordered by :	
Establishment :	
Address :	
Phone :	Fax :


CONFIRM ORDER BY E-MAIL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBSCRIBE TO PHYSIPRO NEWSLETTER	Yes <input type="checkbox"/>	No <input type="checkbox"/>
YOUR EMAIL ADDRESS		



STANDARD TRAY			
W1 - width 1	24"	Standard tray slide	
W2 - width 2	14"	<input type="checkbox"/> TA6000 (3/8") \$329	Armpad thickness
D1 - depth 1	20"	<input type="checkbox"/> TA6005 (1/4") \$269	<input type="checkbox"/> TA6150 (thin) n/c
D2 - depth 2	10"	Adjustable tray slide	
		<input type="checkbox"/> TA6010 (3/8") \$346	Armpad thickness
		<input type="checkbox"/> TA6015 (1/4") \$285	<input type="checkbox"/> TA6155 (thin) n/c
			<input type="checkbox"/> TA6255 (thick) n/c


STANDARD TABLE COMMUNICATION SHEET	
<input type="checkbox"/> TA6310.....	\$163

SWING AWAY TRAY			
W1 - Width 1	24"	Swing-away left	
W2 - Width 2	14"	<input type="checkbox"/> TA6025 (1/4")	\$395
D1 - Depth 1	20"	<input type="checkbox"/> TA6026 Customized (1/4")	\$652
D2 - Depth 2	10"	Swing-away right	
		<input type="checkbox"/> TA6030 (1/4")	\$395
		<input type="checkbox"/> TA6031 Customized (1/4")	\$652

TRAY CUSHION

<input type="checkbox"/> TA6050.....\$132

HALF TRAY CUSHION

<input type="checkbox"/> TA6060 Left.....\$110
<input type="checkbox"/> TA6065 Right.....\$110

ELBOW CUSHION

<input type="checkbox"/> TA6070 Aerolite/Urethane Left..... \$96
<input type="checkbox"/> TA6075 Aerolite/Urethane Right..... \$96
<input type="checkbox"/> TA6085 Neoprene/Left..... \$91
<input type="checkbox"/> TA6090 Neoprene/Right..... \$91
<input type="checkbox"/> TA6076 With Gel option..... \$165

TRAY STRAP

<input type="checkbox"/> TA6020.....\$39
Please specify the external measurement of the thoracic supports _____"

STANDARD HALF TRAY			
W1 - Width 1	12"	<input type="checkbox"/> TA6040 Swing-away left	\$296
W2 - Width 2	3 1/4"	<input type="checkbox"/> TA6035 Swing-away right	\$296
D1 - Depth 1	20"		
D2 - Depth 2	10"		
Thickness 3/8"			

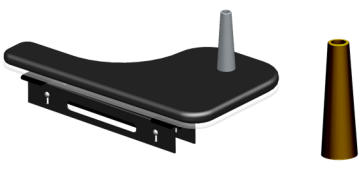
CUSTOMIZED TRAY			
W1 - Width 1		Standard tray slide	
W2 - Width 2		<input type="checkbox"/> TA6330 (3/8") \$384	Armpad thickness
D1 - Depth 1		<input type="checkbox"/> TA6335 (1/4") \$324	<input type="checkbox"/> TA6150 (thin) n/c
D2 - Depth 2		Adjustable tray slide	
		<input type="checkbox"/> TA6340 (3/8") \$400	Armpad thickness
		<input type="checkbox"/> TA6345 (1/4") \$340	<input type="checkbox"/> TA6155 (thin) n/c
			<input type="checkbox"/> TA6255 (thick) n/c
Total width at outer ends of armrests _____ (Specify)			
Additional fees for dimension over 24"			
<input type="checkbox"/> TA6300			\$100
Wheelchair type and manufacturer : _____ (Specify)			

TRAY EDGE		
<input type="checkbox"/> TA6215 (Front) \$35	<input type="checkbox"/> TA6218 (Left) \$35	<input type="checkbox"/> TA6219 (Right) \$35

BLOCKING BRACKET
<input type="checkbox"/> TA6220.....\$17


CUSTOMIZED HALF TRAY			
W1 - Width 1		<input type="checkbox"/> TA6041 Swing-away left	\$351
W2 - Width 2		<input type="checkbox"/> TA6036 Swing-away right	\$351
D1 - Depth 1			
D2 - Depth 2			
Thickness 3/8"			

HAND SUPPORT



TA6045\$72

PROTECTIVE BRACKET FOR ELBOW




Width: _____
Depth: _____
Height: _____

TA6245.....\$133

ARMREST

Left
 Right

Composition:
Plastazote ¼" / SunMate Soft ½"
Total Width: ¾"

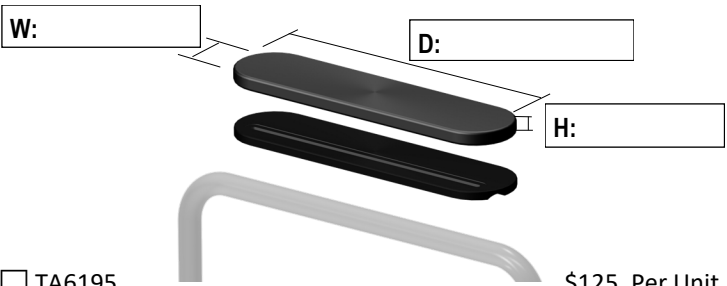


TA6185 W 2¾" D: 14½" H: 1½".....\$75 Per Unit
 Replacement cover.....\$33 Per Unit

CUSTOMIZE ARMREST

Please specify the desired measurements in the case provided

Left
 Right



TA6195.....\$125 Per Unit
 Replacement cover.....\$66 Per Unit

ARMREST ARMPAD, WATERFALL STYLE W/GEL

Size 3" x 14"



TA6385.....\$200 PAIR

Notes: