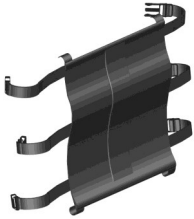


2019-10-31

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		



PRODUCT #	PRICE	SIZE	WIDTH	HEIGHT	ASSOCIATED CHAIR WIDTH
<input type="checkbox"/> D4060	\$170	# 1	14"	16"	14-16"
<input type="checkbox"/> D4065	\$170	# 2	16"	16"	16-18"
<input type="checkbox"/> D4070	\$170	# 3	18"	16"	18-20"

LATERALS CHOICE

	PRODUCT #	PRICE	SIZE	WIDTH	DEPTH	HEIGHT	ORIENTATION	
	ELEVATED LATERAL							
	<input type="checkbox"/> D3935	\$198	# 1	5"	4½"	9½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3940	\$ 77	# 1	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3945	\$198	# 2	5"	5½"	12"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3950	\$ 77	# 2	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3955	\$198	# 3	6"	6½"	14½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3960	\$ 77	# 3	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3965	\$198	# 4	6"	7½"	14½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3970	\$ 77	# 4	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	SHAPED LATERAL							
	<input type="checkbox"/> D3975	\$148	# 1	6"	5½"	14½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3980	\$ 77	# 1	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3985	\$148	# 2	6"	6½"	14½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D3990	\$ 77	# 2	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	ANTI-HAMMOCK LATERAL							
	<input type="checkbox"/> D3995-V	\$200	# 1	6"	5½"	14½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D4000	\$ 77	# 1	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D4005-V	\$200	# 2	6"	6 ½"	14½"	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> D4010	\$ 77	# 2	Spare cover			<input type="checkbox"/> Left	<input type="checkbox"/> Right
BOOSTER CUSHION								
	PRODUCT #	PRICE	SIZE	WIDTH		HEIGHT		
	<input type="checkbox"/> D4045	\$132	# 1	12"		16"		
<input type="checkbox"/> D4050	\$132	# 2	14"		18"			