

ORDER FORM Ellipse™ Cushion







Date:			P.O.#:]		
Client Last Name:			Client First Name:	1		
Ordered by:				1		
Establishment:]		
Address:				1		
Phone:			Fax:	Order confirmation by email	Yes□	No □
Email address:			Subscribe to Physipro™ newsletter	Yes□	No □	
		Code to be co	ompleted by the customers service agent]		

A	Price Specification	 Code to be completed by the customers service agent
s	Technical Specification	

INCLUDED One stretch cover, one zippered inner cover as well as your choice of installation.

ELLIPSE™ ELLIPSE™							
DIMENSION							
8	THICKNESS: Basic thickness of their ischial tuberosities and			able for user with a pron	ounced deforma	ation	
PRODUCT		DESCRIPTION		CODE	PRICE	CHOICE	
Standard Sizes &	14" X 14" □	16" X 16" □	16" X 18" □	S2991	\$430 ea.	+	
Standard Gizes &	18" X 16" □	18" X 18" □	20" X 20" 🗖	32331			
		INSTALL	ATION				
Rigid Seat	Without ABS rigidizer			S1900-ELL	STD		
	Without ABS rigidizer			31900-LLL	315	"	
Sling	Mith and ADO similia			S1902-ELL	N/C	П	
	Without ABS rigidizer			31902-ELL	N/C	"	
		COVE	RS				
OUTER COVER							
Outer Cover	Stretch			S2998	N/C		
SECOND OUTER COVER							
Second Outer Cover	Stretch			S2998	\$150		
INNER COVER							
Inner Cover	Zippered Inner Cover			S29955	N/C		
SECOND INNER COVER							
Second Inner Cover	Zippered Inner Cover			S29955	\$90		

YOU DIDN'T FIND WHAT YOU WANT ON THIS ORDER FORM?

Describe your need below or fill out the full order form on our website. Our customers service will evaluate your request and give you a detailed quote.

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NOTES:	