

## ORDER FORM Bariatric Physiair™Cushion







Date:			P.O.#:			
Client Last Name:			Client First Name:	ADP CODE:		
Ordered by:			SE0001613			
Establishment:						
Address:						
Phone:			Fax:	Order confirmation by email	Yes□	No 🗌
Email address:				Subscribe to Physipro™ newsletter	Yes□	No 🗌
				7		
	l	Code to be co	ampleted 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, one Stimulite® sheet as well as your choice of installation.

PHYSIAIR™								
			DIMENSION					
s	BARIATRIC SIZES: Maximal sizes of 26" width and 22" depth.							
PRODUCT		DESCRIPTI	ION		CODE	PRICE	CHOICE	
Bariatric Sizes &	21" and over :	W:	" D:	"	S5000	\$1000 ea.	<b>←</b>	
THICKNESS - URETHANE 75 DENSITY								
			VR10331					
	3"				VR10332	N/C		
Thickness	3 ½"				VR10337			
	4"				VR10333			
	5" VR10331 VR10332							
		ا	INSTALLATION					
Hard Seat (Flat Cut)					S1900-PHY	STD		
Sling	Without ABS rigidizer				S1902-PHY	N/C		
Sillig	With ABS rigidizer				S2980-PHY	\$151 ea.		
Hard Seat (Flat Cut)  Sling								
			COVERS					
			OUTER COVER					
Outer Cover	Stretch				S5001	STD		
Outer Cover	Waterproof				S5007	\$50 ea.		
SECOND OUTER COVER								
Second Outer	Stretch		S5001	\$150 ea.				
Cover	Waterproof				S5007	\$160 ea.		
INNER COVER								
Inner Cover	Zippered Inner Cover				S5002	N/C		
SECOND INNER COVER								
Second Inner Cover	Zippered Inner Cover				S5002	\$90 ea.		



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Version 01

## YOU DON'T FIND WHAT YOU WANT ON THIS ORDER FORM?

Describe your need below. Our customers service will evaluate your request and give you a detailed quote.

NOTES:	