

## **ORDER FORM Bariatric Siliko Cushion**



Version 02





INCLUDE

**PRODUCT** Bariatric &

Thickness

Hard Seat (Flat Cut)

Sling

**Outer Cover** 

**Second Outer** Cover

Inner Cover

Second Inner

Cover

Zippered Inner Cover

		Date:			P.O.#:		ADP CODE:				
		Client Last Na	me:		Client First Name:						
		Ordered by:			SE0001615						
		Establishment:									
		Address:									
3		Phone:			Fax:			Order confirm	ation by email	Yes□ No	
		Email address						Subscribe to Ph	nysipro newsletter	Yes□ No	
Price Spe	ecification			Code to be	completed by the	e customers ser	vice agent	]			
Technical	Specification							1			
IDE	One stretch o	over, one zippe	red inner co	over, a silicon	ne gel insert as we	ell as your choice	of installati	on.			_
					SILIKO						
,	BARIATRIC	C SIZES: Maxi	mal sizes o	f 26" width a	ind 22" depth.						
				В	BARIATRIC SIZ	ZES					
UCT			D	ESCRIPT	ION			CODE	PRICE	СНОІСЕ	
ric 🔑	21" a	ind over :	W:_		" D:			S5100	\$1100	+	
					THICKNESS	5					
ness	2 ½"		3" 🗖		3 ½" 🗖	4" □	]		N/C	<b>←</b>	
				INS	TALLATION C	HOICE					
(Flat Cut)								S1900-SK	STD		
ıg	Without ABS rigidizer							S1902-SK	N/C		
·9	With ABS rigidizer							S2980-SK	\$151		
		Hard Se	at (Flat Cut	t)			Sling				
					COVERS						
					OUTER COVE	ER					
·	Stretch							S5110	STD		
Cover	Waterproof	f						S5140	\$50		
				SEC	OND OUTER	COVER					
Outer	Stretch							S5110	\$150		
er	Waterproof	f						S5140	\$160		
					INNER COVE	R					
over	Zippered Ir	nner Cover						S5150	N/C		
				0-0							

S5150-...

\$90



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Version 02

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

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