



<u>Account Information</u>		Order Date: _____
Account #:	_____	P.O.# _____
Business Name:	_____	Phone: _____
Ship to Address:	_____	City: _____
Fax:	_____	Province: _____
Contact:	_____	

**Prism Elite Cushion**

Model #	Description	List \$	QTY
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**COVER MATERIAL**

- WSC 4- Way Stretch Cover
- ICC Infection Control Cover



**(stock sizes - same day shipments)**

ADP CODE: SESFM0060

<input type="checkbox"/>	EC1616	16"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC1618	16"wide x 18"deep	\$375	_____
<input type="checkbox"/>	EC1816	18"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC1818	18"wide x 18"deep	\$375	_____
<input type="checkbox"/>	EC2016	20"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC2018	20"wide x 18"deep	\$375	_____

**(non-stock sizes - shipments within 3 business days)**

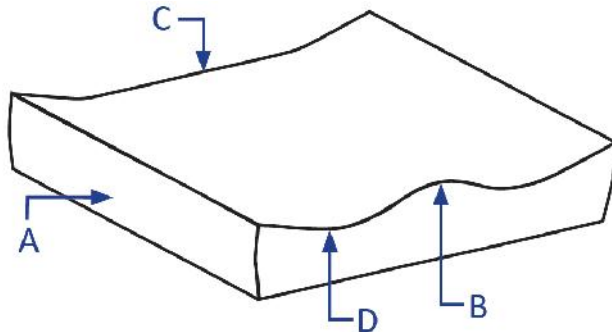
ADP CODE: SESFM0060

<input type="checkbox"/>	EC1620	16"wide x 20"deep	\$375	_____
<input type="checkbox"/>	EC1716	17"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC1718	17"wide x 18"deep	\$375	_____
<input type="checkbox"/>	EC1720	17"wide x 20" deep	\$375	_____
<input type="checkbox"/>	EC1820	18"wide x 20"deep	\$375	_____
<input type="checkbox"/>	EC2020	20"wide x 20"deep	\$375	_____

**(custom sizes - shipments within 7 business days)**

ADP CODE: SESFM0065

<input type="checkbox"/>	ECCUS	Custom Size width _____ (max 24") depth _____	\$425	_____
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**CUSHION THICKNESS**

**A-** Height at adductor = 4"

**B-** Height at abductor = 4 1/2"

**C-** Height at heel IT = 3"

**FOOTNOTES:**

- Items will be shipped the same day if ordered prior to 2pm EST, next day if ordered after 2pm EST