

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

Prism Ideal 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: SESFM0050

<input type="checkbox"/>	IC1616	16"wide x 16"deep.....	\$230	_____
<input type="checkbox"/>	IC1618	16"wide x 18"deep.....	\$230	_____
<input type="checkbox"/>	IC1816	18"wide x 16"deep.....	\$230	_____
<input type="checkbox"/>	IC1818	18"wide x 18"deep.....	\$230	_____
<input type="checkbox"/>	IC2016	20"wide x 16"deep.....	\$230	_____
<input type="checkbox"/>	IC2018	20"wide x 18"deep.....	\$230	_____



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

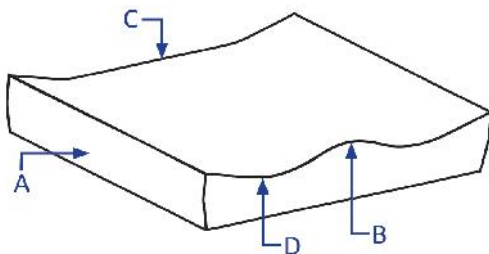
ADP CODE: SESFM0050

<input type="checkbox"/>	IC1620	16"wide x 20"deep.....	\$230	_____
<input type="checkbox"/>	IC1716	17"wide x 16"deep.....	\$230	_____
<input type="checkbox"/>	IC1718	17"wide x 18"deep.....	\$230	_____
<input type="checkbox"/>	IC1720	17"wide x 20" deep.....	\$230	_____
<input type="checkbox"/>	IC1820	18"wide x 20"deep.....	\$230	_____
<input type="checkbox"/>	IC2020	20"wide x 20"deep.....	\$230	_____

(custom sizes - shipments within 7 business days)

ADP CODE: SESFM0050

<input type="checkbox"/>	ICCUS	Custom Size.....	\$275	_____
		width _____ (max 24")		
		depth _____		



CUSHION THICKNESS

- A- Height at adductor = 3"
- B- Height at abductor = 3"
- C- Height at rear IT = 2 1/4"
- D- Leg Trough = 2 1/4"