



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

Prism Supreme Gel Cushion

Model #	Description	List \$	QTY
---------	-------------	---------	-----

COVER MATERIAL

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

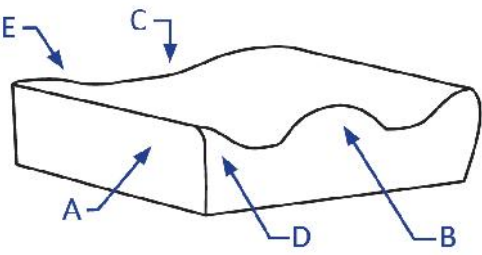
(stock sizes - same day shipments) ADP CODE: SESFM0110

<input type="checkbox"/>	SGC1616	16"wide x 16"deep.....	\$675
<input type="checkbox"/>	SGC1618	16"wide x 18"deep.....	\$675
<input type="checkbox"/>	SGC1816	18"wide x 16"deep.....	\$675
<input type="checkbox"/>	SGC1818	18"wide x 18"deep.....	\$675
<input type="checkbox"/>	SGC1820	18"wide x 20"deep.....	\$675



(non-stock sizes - shipments within 3 business days) ADP CODE: SESFM0115

<input type="checkbox"/>	SGC1516	15"wide x 16"deep.....	\$700
<input type="checkbox"/>	SGC1518	15"wide x 18"deep.....	\$700
<input type="checkbox"/>	SGC1620	16"wide x 20"deep.....	\$700
<input type="checkbox"/>	SGC1716	17"wide x 16"deep.....	\$700
<input type="checkbox"/>	SGC1718	17"wide x 18"deep.....	\$700
<input type="checkbox"/>	SGC1720	17"wide x 20" deep.....	\$700
<input type="checkbox"/>	SGC1916	19"wide x 16"deep.....	\$700
<input type="checkbox"/>	SGC1918	19"wide x 18"deep.....	\$700
<input type="checkbox"/>	SGC1920	19"wide x 20"deep.....	\$700
<input type="checkbox"/>	SGC2016	20"wide x 16"deep.....	\$700
<input type="checkbox"/>	SGC2018	20"wide x 18"deep.....	\$700
<input type="checkbox"/>	SGC2020	20"wide x 20"deep.....	\$700



CUSHION THICKNESS

- A- Height at adductor = 5"**
- B- Height at abductor = 5"**
- C- Height at rear IT = 3 1/4"**
- D- Leg Trough = 3 1/4"**
- E- Height at rear trochanter = 4 1/4"**

(custom sizes - shipments within 7 business days) ADP CODE: SESFM0120

<input type="checkbox"/>	SGCCUS	Custom Size.....	\$785
		width _____	
		depth _____	

