



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

Bariatric Prism Air Back

Model #	Description	List \$	QTY
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COVER MATERIAL

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

(Non-Stock Sizes - Shipments within 3 to 7 Business Days) ADP CODE: SEBFM2025

<input type="checkbox"/>	AB2116	21"wide x 16"high	\$1,200 _____
<input type="checkbox"/>	AB2118	21"wide x 18"high	\$1,200 _____
<input type="checkbox"/>	AB2120	21"wide x 20"high	\$1,200 _____
<input type="checkbox"/>	AB2216	22"wide x 16"high	\$1,200 _____
<input type="checkbox"/>	AB2218	22"wide x 18"high	\$1,200 _____
<input type="checkbox"/>	AB2220	22"wide x 20"high	\$1,200 _____
<input type="checkbox"/>	AB2316	23"wide x 16"high	\$1,200 _____
<input type="checkbox"/>	AB2318	23"wide x 18"high	\$1,200 _____
<input type="checkbox"/>	AB2320	23"wide x 20"high	\$1,200 _____
<input type="checkbox"/>	AB2416	24"wide x 16"high	\$1,200 _____
<input type="checkbox"/>	AB2418	24"wide x 18"high	\$1,200 _____
<input type="checkbox"/>	AB2420	24"wide x 20"high	\$1,200 _____



(Custom Sizes - Shipments within 3 to 10 Business Days) ADP CODE: SEBFM2030

<input type="checkbox"/>	ABBCUS	Custom Size	\$1,325 _____
		width _____ (max 24")	
		height _____ (min 14")	

- A ABLT Omit lateral inserts less \$10 _____
- A ABLB Omit lumber inserts less \$9 _____

Headrest Mount

<input type="checkbox"/>	HEBA	UHRBA	\$61 _____
<input type="checkbox"/>	SERV	UHRBA Installation	\$25 _____

Footnotes:

A. if change in inserts are required, ship time will be 3 business days (not including custom orders.).