



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

Bariatric Prism TrueFitt Back

Model #	Description	Price	QTY
COVER MATERIAL			
<input type="checkbox"/>	WSC	4- Way Stretch Cover	
<input type="checkbox"/>	ICC	Infection Control Cover	

(Non-Stock Sizes - Shipments within 3 to 7 Business Days) ADP CODE: SEBFM0060

<input type="checkbox"/>	TFB2116	21"wide x 16"high	\$1,250 _____
<input type="checkbox"/>	TFB2118	21"wide x 18"high	\$1,250 _____
<input type="checkbox"/>	TFB2120	21"wide x 20"high	\$1,250 _____
<input type="checkbox"/>	TFB2216	22"wide x 16"high	\$1,250 _____
<input type="checkbox"/>	TFB2218	22"wide x 18"high	\$1,250 _____
<input type="checkbox"/>	TFB2220	22"wide x 20"high	\$1,250 _____
<input type="checkbox"/>	TFB2316	23"wide x 16"high	\$1,250 _____
<input type="checkbox"/>	TFB2318	23"wide x 18"high	\$1,250 _____
<input type="checkbox"/>	TFB2320	23"wide x 20"high	\$1,250 _____
<input type="checkbox"/>	TFB2416	24"wide x 16"high	\$1,250 _____
<input type="checkbox"/>	TFB2418	24"wide x 18"high	\$1,250 _____
<input type="checkbox"/>	TFB2420	24"wide x 20"high	\$1,250 _____



(Custom Sizes - Shipments within 3 to 10 Business Days)

<input type="checkbox"/>	TFBBCUS	Custom Size	\$1,350 _____
		width _____ (max 24")	
		height _____ (min 14")	

Options:

^B	<input type="checkbox"/>	TFBV	2"x2" Visco Foam	\$100 _____
^B	<input type="checkbox"/>	TFB3	3"x2" Poly Foam	\$55 _____

Headrest Mount

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

Footnotes:

B. Options come in 1 block of 14 cubes, not installed