



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

**Prism Phantom Back**

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

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

ADP CODE: SEBFM0070

<input type="checkbox"/>	PB127	12"wide x 7"high	\$399 _____
<input type="checkbox"/>	PB137	13"wide x 7"high	\$399 _____
<input type="checkbox"/>	PB147	14"wide x 7"high	\$399 _____
<input type="checkbox"/>	PB157	15"wide x 7"high	\$399 _____
<input type="checkbox"/>	PB167	16"wide x 7"high	\$399 _____
<input type="checkbox"/>	PB177	17"wide x 7"high	\$399 _____
<input type="checkbox"/>	PB187	18"wide x 7"high	\$399 _____

