



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

Prism Elite Cushion

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



(Stock Sizes - Shipments within 3 to 5 Business Days) ADP CODE: SESFM0060

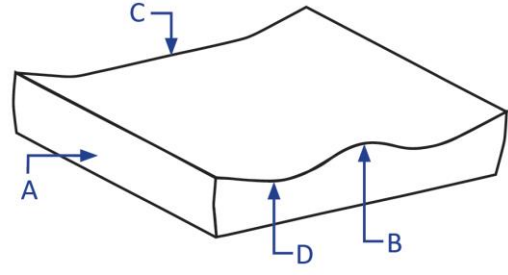
<input type="checkbox"/>	EC1616	16"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC1618	16"wide x 18"deep	\$375	_____
<input type="checkbox"/>	EC1816	18"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC1818	18"wide x 18"deep	\$375	_____
<input type="checkbox"/>	EC2016	20"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC2018	20"wide x 18"deep	\$375	_____

(Non-Stock Sizes - Shipments within 3 to 7 Business Days) ADP CODE: SESFM0060

<input type="checkbox"/>	EC1620	16"wide x 20"deep	\$375	_____
<input type="checkbox"/>	EC1716	17"wide x 16"deep	\$375	_____
<input type="checkbox"/>	EC1718	17"wide x 18"deep	\$375	_____
<input type="checkbox"/>	EC1720	17"wide x 20" deep	\$375	_____
<input type="checkbox"/>	EC1820	18"wide x 20"deep	\$375	_____
<input type="checkbox"/>	EC2020	20"wide x 20"deep	\$375	_____

(Custom Sizes - Shipments within 3 to 10 Business Days) ADP CODE: SESFM0065

<input type="checkbox"/>	ECCUS	Custom Size width _____ (max 24") depth _____	\$425	_____
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FOOTNOTES:

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