

NOV 2018

ORDER FORM



TAG:

COVER MATERIAL

- ***SELECT ONE COVER MATERIAL PER ORDER FORM***
- WSC** 4- WAY STRETCH COVER
 - ICC** INFECTION CONTROL COVER

SIZES FOR HIGH-BACK (16")

MBH1416	14"W X 16" H	\$475 X
MBH1616	16"W X 16" H	\$475 X
MBH1816	18"W X 16" H	\$475 X
MBH2016	20"W X 16" H	\$475 X

CUSTOM SIZE

MBHCUS	W X H	\$550 X
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SIZES FOR LOW-BACK (13")

MBL1413	14"W X 13" H	\$450 X
MBL1613	16"W X 13" H	\$450 X
MBH1813	18"W X 13" H	\$450 X
MBH2013	20"W X 13" H	\$450 X

CUSTOM SIZE

MBLCUS	W X H	\$525 X
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CANE LATERAL MOUNT

CML4	4"W X 6" H	\$0 X
CML5	4"W X 9" H	\$0 X
CML6	6"W X 10" H	\$0 X
CMLRO	OMIT LAT.	\$-100

ADD ONS

- BACKS OVER WIDE 18"** ADP CODE: **WAME** \$ \$0 X
- BACKS UNDER WIDE 18"** ADP CODE: **WAMD** \$ \$0 X
- EXCLUDE SWINGAWAY LATERAL SUPPORTS** ADP CODE: **SELND0010** \$ \$-100

ACCOUNT INFORMATION

Acc. # :
 Contact Name:
 Company Name:

SHIPPING INFORMATION

PO #:
 Street:
 City:
 Province:
 Postal Code:
 Country:



Please call Customer Service if you require any unique customization or if you have inquiries
 1-888-737-4011



NOTE: IF A CHANGE IN INSERTS IS REQUIRED SHIPPING WILL TAKE 3-7 BUSINESS DAYS. THIS DOES NOT INCLUDE CUSTOM ORDERING.



FUTURE MOBILITY HEALTHCARE