

# ESTIMATE/ORDER FORM

## REPLACEMENT STRETCHER & O.R. MATTRESSES

DATE: \_\_\_\_\_ P.O. NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY NAME/Facility: \_\_\_\_\_ DEPT: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

MAUFACTURER: \_\_\_\_\_ Model: \_\_\_\_\_

COMPLETE MATTRESS  COVER ONLY

Thickness: 1"  2"  3"  4"

SECTIONS: 1  2  3  4

(SPECIFY DIMENSIONS BY FOLLOWING DIAGRAM) →

CORNERS, HEAD:  ROUND  SQUARE  CUT-off

CORNERS, FOOT:  ROUND  SQUARE  CUT-off

CORE Options:  PPF  Visco  Gel Flex

Soft-Flo  Gel Infused  GRZ

GEOMETRIC Gel  Gel Flex CHANNEL

**COVER MATERIAL:**

CONDUCTIVE:  Vyvex-III  Vinyl

NON-CONDUCTIVE:  NAUGAHyde  Vyvex-I

Vyvex-II  Vyvex-III

Vinyl

Options:  No-Slip  FIRE BARRIER

(CALIFORNIA TECHNICAL BULLETIN #129, BOSTON FIRE CODE 1X-11 AND FEDERAL FLAMMABILITY STANDARD 16 CFR 1633)

**CLOSURE:**

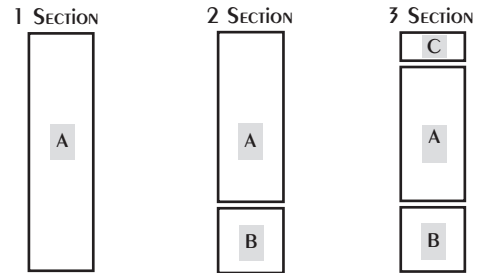
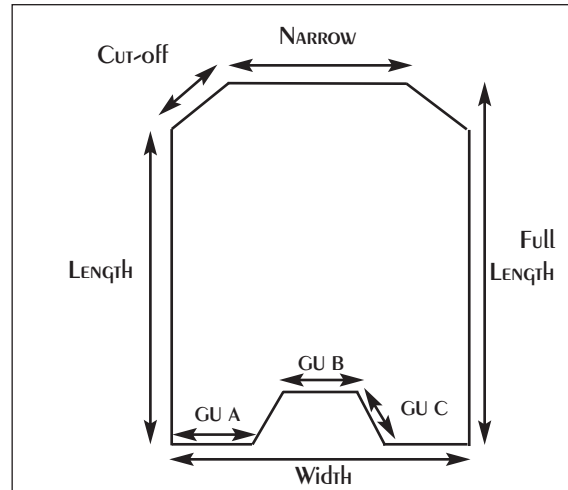
WATERFall Flap  SEALED

VELCRO Strips

FABRIC HINGE

GU CUT-OUT  GU CUT-OUT FOOT

CUSTOM \_\_\_\_\_  DIAGRAM ENCLOSED



1 SECTION

SECTION	Full Length	Length	Width	NARROW	CUT-off
A					

2 SECTION

SECTION	Full Length	Length	Width	NARROW	CUT-off
A					
B					

3 SECTION

SECTION	Full Length	Length	Width	NARROW	CUT-off
A					
B					
C					

GU CUT-OUT

SECTION	GU A	GU B	GU C
<input type="radio"/> A <input type="radio"/> B			



**CROWN MEDICAL PRODUCTS**  
**Tel: 1-800-554-9199**