



COMFORT-FIT™ ORDER FORM

SKIN PROTECTION CUSHION

ORDER INFO	FINISHED CUSHION HEIGHTS
<p>Date: _____</p> <p>PO#: _____</p> <p>Patient Name: _____</p> <p>Part #: _____</p> <p>Phone #: _____</p> <p>Company Name: _____</p> <p>Ordered By: _____</p>	

CUSHION DIMENSIONS	COVER OPTIONS	MOUNTING OPTIONS
<p>Comfort-Fit (CF): \$220.00 <i>Medicare Code E2603/E2604</i></p> <p>Seat Width (Check one) <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 Specified Width _____ *If width is over 21" add \$99.00</p> <p>Seat Depth (Check one) <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 Specified Depth _____ *If depth is over 21" add \$99.00</p> <p>*If width or depth up to 21" is specified add \$40.00</p>	<p>Cover Material</p> <p><input type="checkbox"/> Dartex</p> <p style="padding-left: 20px;"><input type="radio"/> Fabric Side Out (Std)</p> <p style="padding-left: 20px;"><input type="radio"/> Smooth Side Out</p> <p><input type="checkbox"/> Spacer Mesh</p> <p>Additional Cover (includes one zipper cover)</p> <p><input type="checkbox"/> Slip-On Style qty _____ @ \$85.00 each</p> <p><input type="checkbox"/> Zipper Style qty _____ @ \$100.00 each</p>	<p>Rigidizer: \$68.00 (includes Velcro)</p> <p><input type="checkbox"/> 1/8" ABS</p> <p><input type="checkbox"/> 1/4" ABS</p>

Create Your Part Number

Contoured-Fit part numbers are determined based on the positioning and pressure relief chosen as well as the width and depth of the cushion

Part # CF _____

