

Quote Form

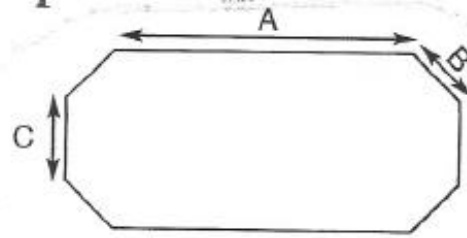
- Operating Room
- Emergency Room
- Delivery Room
- Radiology Dept.
- Housekeeping Dept.

For Your Convenience

Photo Copy, Fill Out and Email or Fax > This Quote Form

Custom Pads - Simple As 1-2-3!

- 1) **Select Your Corner Style** & **Fill In Overall Dimensions:**
- Round [Standard Radius is 3"]
 - Square
 - Bevelled [Cut-off] for this style, fill in diagram at right.



OVERALL DIMENSIONS:

Length x Width x Thickness

A: _____ B: _____ C: _____

2) **Select Your Filler:**



Urethane Foam is your economical choice for use in short-duration procedures.



Soft-Care Memory Foam one-half SoftCare foam and one-half Urethane foam that prevents patient discomfort and pressure sore ulcers resulting from long term procedures.

3) **Select Your Covering & Accessories:**

- Black Conductive 'Lectrolite Cover** - Our standard stretcher pad material. It is electrically conductive, with flame retardant and non-allergenic properties, as well as being resistant to stain, tear and abrasion.
 - Naugahyde Covering** - A durable, all-purpose, vinyl material, which is our standard covering when custom colors are specified.
 - Nylon Covering** - Is our fluid-proof, easy to clean covering and is highly recommended for use in x-ray and imaging procedures.
 - Velcro Attachment Strips**
 - Snaps/Tabs**
 - I.V. Cutout**
- Hinges Between Sections:**
- Snap-Button Style**
 - Non-Detachable**

NOTE: Please use a separate sheet of paper for a Diagram, to show: Dimensions, Perineal Cutout Dimensions and Accessory locations.

FACILITY INFORMATION

NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

CONTACT PERSON _____ P.O. # _____

DEPT. _____

Mail or Fax To:

Quote Department
RossonHealthcare
New City, NY 10956

FAX: 1-845-634-0212

Email: info@rossonhealthcare.com

877-4ROSSON (877-476-7766)

For inquiries or to order call toll free: Fax: 845-634-0212 or Email: info@rossonhealthcare.com