

ESTIMATE/ORDER FORM-Email or Fax > This form

RossonHealthcare

OR TABLE MATTRESSES PADS

DATE: _____ P.O. NUMBER: _____

NAME: _____ Title: _____

COMPANY NAME/Facility: _____ Dept: _____

Address: _____

City: _____ STATE: _____ Zip: _____

Tel: _____ FAX: _____

MANUFACTURER: _____ 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: NAUGALYDE 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

Free: _____ Fax: 845-634-0212

Email: info@rossonhealthcare.com

TOLL FREE: 877-4ROSSON (877-476-7766)

