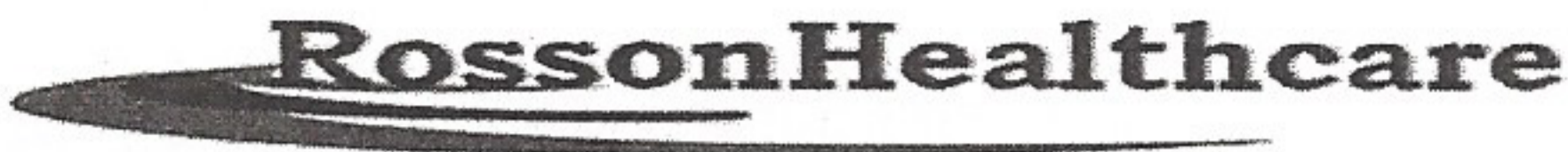


**ESTIMATE/ORDER FORM-Email or Fax > This form**  
**PLEASE USE ADDITIONAL PAGE FOR DIMENSIONAL DRAWING IF NEEDED.**

**RADIOLOGY IMAGING MATTRESS PADS  
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:  NAUGHYDE  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: [REDACTED] Fax: 845-634-0212**

**Email: info@rossonhealthcare.com**

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