

REPLACEMENT STRETCHER PAD ORDER FORM

Date: _____ P.O. Number: _____

Name: _____ Title: _____

Company Name/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Thickness:

1" 2" 3" 4"

Sections:

1" 2" 3"

Complete Mattress Cover Only

Style:

Corners, Head: Round Square Cut-off

Corners, Foot: Round Square Cut-off

Core Options:

Protekt Basic Protekt Ultra

