

Order Form – Cushions

Name:	Delivery Ad 	dress	Invoice Addre	ess (if different)
Signature:				
Order No:				
Date:				
Patient ref:				
Cus	shions available in 16x16", 17x17		×19"	
	Platilon liner available £5 extra	per cushion		
	OLA ^{17²}	Quantity:	Size:	Liner: \square
	3.5" depth Castellated CME foam	Quantity:	Size:	Liner: \square
	Max weight limit: 114kg Risk level: Medium Risk	Quantity:	Size:	Liner: \square
		Quantity:	Size:	Liner: 🗌
Qair.		Quantity:	Size:	Liner: \square
All the second s	3.5" depth gel cushion		Size:	
	Max weight limit: 178kg Risk level: High/Very	Quantity:	Size:	Liner: \square
	High Risk	Quantity:	Size:	Liner: \square
	• 17 ²			
Sylved 17	Sel visco ed /	Quantity:	Size:	Liner: \square
The state of the s	3" depth High density visco elastic	Quantity:	Size:	Liner: \square
	memory foam with a CME base	Quantity:	Size:	Liner: \square
	Max weight limit: 114kg Risk level: High Risk	Quantity:	Size:	Liner: \square



Sel/Gel ed	Quantity:	Size:	Liner: \square
3.5" depth gel cushion Visco elastic memory	Quantity:	Size:	Liner: 🗆
foam with a CME base Max weight limit: 178kg	Quantity:	Size:	_Liner: \square
sk level: High/Very High Risk	Quantity:	Size:	Liner: \square

Please complete and return to sales@selectmedical.co.uk

Delivery

Orders received with a value of less than £150 (excluding VAT) will incur a £12.50 handling charge