

assisticare

c o m f y b a t h e

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CUSTOM CUSHION ENQUIRY FORM

Product type (tick one box only)	Type of bath		
	Conventional bath	Assisted Bath	If assisted bath make and model if known.
Bath cushion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath Mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum extraction mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined cushion and mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact name	Reference (client name or room)		Contact telephone number
Contact Address			Fax number

Comments (Brief detail of problems that you may be currently experiencing)

CUSTOM BATH CUSHION ENQUIRY FORM

Drawing Grid

Reference (i.e. Room reference or client name)

Please provide a drawing with as much detail as possible of the required cushion/s using either freehand or straight lines. Each square is equal to 10cm x 10cm.



Cushion thickness guide (Please indicate in the drawn cushion section the required cushion thickness using the following references:-

25mm (1 inch) standard foam - SF1

40mm (1 ½ inch) standard foam - SF1½

25mm Pressure Relieving Foam - PRF 1

50mm (2 inch) Pressure Relieving Foam - PRF 2

Custom thickness foam - state required thickness i.e. 100mm/4 inches

FAX THIS FORM TO 0113 2734883