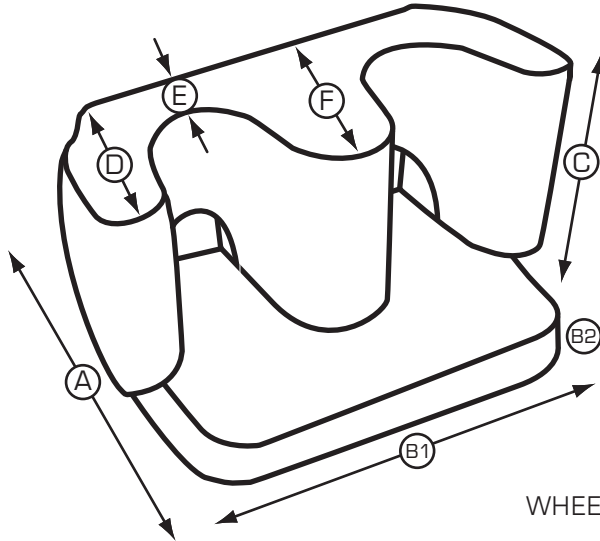


NON-STANDARD TEMPLATE

COMPLETE FEET



PLEASE FILL OUT THE FOLLOWING

Product Information

- | | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1) DIMENSION OF (A) : _____ " | 5) DIMENSION OF (D) : _____ " |
| 2) DIMENSION OF (B1) : _____ "
<small>Actual Width (Not Chair Size)</small> | 6) DIMENSION OF (E) : _____ " |
| 3) DIMENSION OF (B2) : _____ "
<small>Foot Support Thickness</small> | 7) DIMENSION OF (F) : _____ " |
| 4) DIMENSION OF (C) : _____ " | 8) INCLUDE GEL : Yes or No (circle one)*
<small>* Gel only available for foot support.</small> |

Customer Information

CUSTOMER ACCT # : _____ SHIP TO LOCATION : _____

CONTACT PERSON : _____

PHONE # : _____

_____ PATIENT REFERENCE : _____

E-MAIL : _____ QUOTE REQUEST SUPPLY : _____

COMMENTS:

PLEASE FAX TO THE COMFORT COMPANY • 406.522.8563