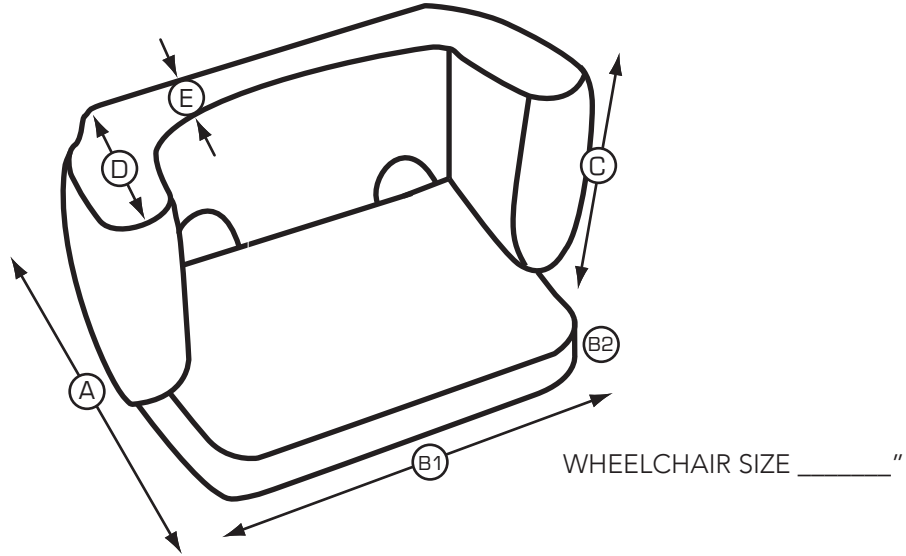


# NON-STANDARD TEMPLATE

## COMPLETE FEET

(NO LEG SEPARATOR)



PLEASE FILL OUT THE FOLLOWING

### Product Information

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