



297 High Street • Dedham, MA 02026
Ph: 888-625-4633 • Fax: 888-352-8391 • Web: www.AliMed.com

Custom Positioner Informational Sheet & AliMed Quote Process

- Once the custom quote request form has been filled out, please fax to 888-352-8391.**

- A formal price quote will be generated and sent via fax or email to the customer contact as soon as possible. *(Please note that response times may vary depending on the complexity of the request. If you do not hear a response within 5 business days, please call 888-625-4633.)***

- If the quote request form is not filled out completely, a quote will *NOT* be generated. *(The form will be returned for completion and will need to be re-sent by the requestor for quote processing.)***

- All quotes are non-negotiable, FINAL, and expire after 60 days. *(Please fill out a new form for all requests after the expiration date.)***

- To place an order, please fax back a copy of the quote along with a purchase order to 888-352-8391. A fax or email confirmation will be sent once order has been processed. *(Please reference the quote number, item number, and product description on the PO when ordering.)***






- Please NOTE: The attached forms are for a *QUOTE REQUEST ONLY* and are not considered official purchase orders.**

- Custom orders are non-returnable. *Exceptions will be made to products made incorrectly due to an AliMed error.***

Foam Options

<p><i>Polyfoam</i></p>	<ul style="list-style-type: none"> • An economical foam, used in most furniture seat cushions, provides firm support, and has slight compression. • White foam that may yellow over time • Thicknesses may vary
<p><i>High Density Polyfoam</i></p>	<ul style="list-style-type: none"> • A denser/firmer form of polyfoam with minimal compression • Dark grey foam • Can be made up to 8” thick

Cover Options

<p><i>Uncovered</i></p> 	<ul style="list-style-type: none"> • Disposable, not recommended for re-use
<p><i>Black Conductive Cover</i></p> 	<ul style="list-style-type: none"> • Conductive vinyl, slip resistant, durable, standard for surgical positioners, water-resistant seams, bacteriostatic • Sewn seams are not radiolucent but are located on pad edges
<p><i>Blue Vinyl Revolution</i></p> 	<ul style="list-style-type: none"> • Vinyl, standard for most X-Ray positioners, radiolucent • Non-allergenic, bacteria/fungal resistant, malodor protection • Stain/tear resistant, antistatic • Water-resistant seams
<p><i>Protecta Coat</i></p> 	<ul style="list-style-type: none"> • Vinyl spray coating, slip resistant, durable, radiolucent, seamless, waterproof • Highly flexible and soft • Waterproof
<p><i>Anti-Microbial Protecta Coat</i></p> 	<ul style="list-style-type: none"> • Same qualities as protecta coat but is infused with antimicrobial Silver Agion • Anti-microbial for the life of the product • Colors (for protecta coat ONLY)- Black, Royal Blue, Yellow



Custom Cylinder Quote Request Form

Please print this document, fill out the form and fax to 888-352-8391 to have a quote sent for the custom product requested. Use the positioner informational sheet as a guide while filling out this form and to learn the quote request & order process. (ALL FIELDS MUST BE FILLED IN TO PROCESS QUOTE)

Customer Contact Information:

Contact Name (First & Last): _____

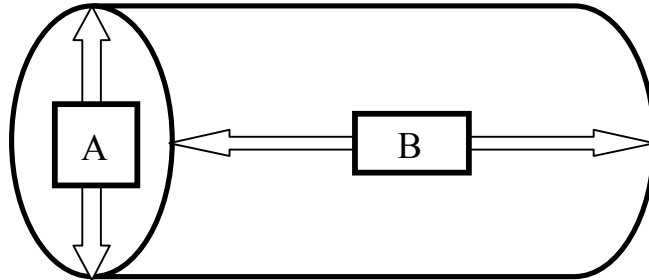
Customer #: _____ Company/Facility: _____

Address: _____ City/State _____

Zip Code: _____ Best time to Contact: _____ (AM/PM)

Ph: _____ Fax: _____ Email: _____

CUSTOM CYLINDER SPECIFICATIONS: (measurements in inches)



Cylinder Diameter A =

Cylinder Length B =

FOAM OPTION:

Check off one: (reference the positioner informational sheet)

Polyfoam

High Density Polyfoam

COVER OPTION: Check off one: (reference the positioner informational sheet)

Uncovered

Blue Vinyl

Black Conductive

Protecta Coat

AntiMicrobial Protecta Coat

* Colors options are available ONLY with Anti Microb. and Regulr. Protecta Coat. Please specify color.

Royal Blue

Black

Yellow

Desired requirements of product? (radiolucent, bacteriostatic, waterproof, etc):

Application of Product: (length of procedure, type of patient, type of procedure):



Custom Rectangle Quote Request Form

Please print this document, fill out the form and fax to 888-352-8391 to have a quote sent for the custom product requested. Use the positioner informational sheet as a guide while filling out this sheet and to learn the quote request & order process.

(ALL FIELDS MUST BE FILLED IN TO PROCESS QUOTE REQUEST)

Customer Contact Information:

Contact Name (First & Last): _____

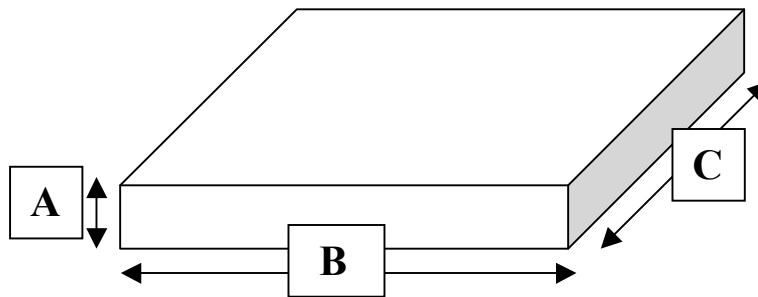
Customer #: _____ Company/Facility: _____

Address: _____ City/State _____

Zip Code: _____ Best time to Contact: _____ (AM/PM)

Ph: _____ Fax: _____ Email: _____

CUSTOM POSITIONER SPECIFICATIONS: (measurements in inches)



Height A =

Length B =

Width C =

FOAM OPTION:

Check off one: (reference the positioner informational sheet)

Polyfoam

High Density Polyfoam

COVER OPTION:

Check off one: (reference the positioner informational sheet)

Uncovered

Blue Vinyl Revolution

Black Conductive Vinyl

Protecta Coat

Anti Microbial Protecta Coat

*Colors are ONLY available with Anti Microbial and Reglur. Protecta Coat. Please specify.

Royal Blue

Black

Yellow

Application of Product: (length of procedure, type of patient, type of procedure):



Custom Wedge Quote Request Form

Please print this document, fill out the form and fax to 888-352-8391 to have a quote sent for the custom product requested. Use the positioner informational sheet as a guide while filling out this sheet and to learn the quote request & order process.

(ALL FIELDS MUST BE FILLED IN TO PROCESS QUOTE REQUEST)

Customer Contact Information:

Contact Name (First & Last): _____

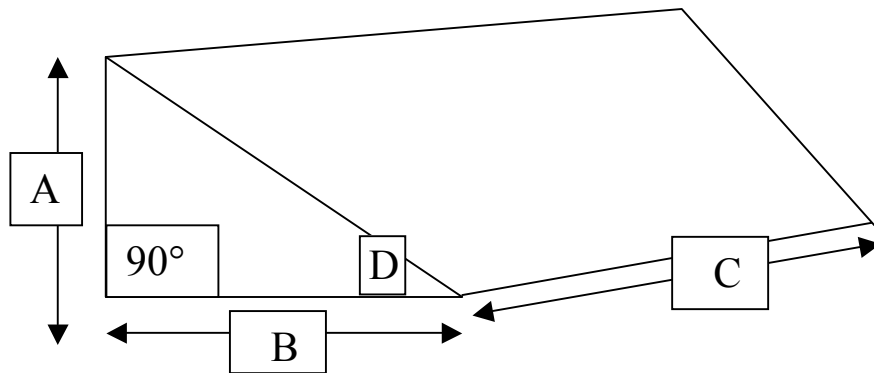
Customer #: _____ Company/Facility: _____

Address: _____ City/State: _____

Zip Code: _____ Best time to Contact: _____ (AM/PM)

Ph: _____ Fax: _____ Email: _____

CUSTOM WEDGE SPECIFICATIONS: (measurements in inches)



Wedge Height A = _____ Wedge Length B = _____

Wedge Width C = _____ Degrees D = _____

FOAM OPTION:

Check off one: (reference the positioner informational sheet)

Polyfoam

High Density Polyfoam

COVER OPTION:

Check off one: (reference the positioner informational sheet)

Uncovered Blue Vinyl Black Cond. Protecta Coat Anti-Microb. PC

*Colors are ONLY available with Protecta Coat and Anti Microbial Protecta Coat. Please specify color.

Royal Blue

Black

Yellow

Application of Product: (length of procedure, type of patient, type of procedure):

COVER OPTION: Check off one: *(reference the positioner informational sheet)*

Uncovered

Blue Vinyl Revolution

Black Conductive Vinyl

Protecta Coat

Anti Microbial Protecta Coat

* Colors are ONLY available with Protecta Coat and Anti Microbial Protecta Coat. Please specify color of coating *

Royal Blue

Black

Yellow

Desired requirements of product? (radiolucent, bacteriostatic, waterproof, etc):

Application of Product: (length of procedure, type of patient, type of procedure):

Questions/Comments:
