



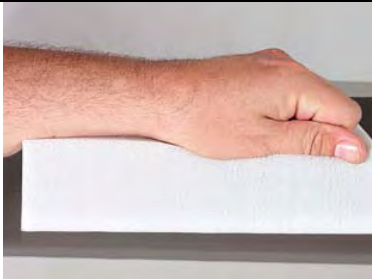



297 High Street • Dedham, MA 02026  
Ph: 888-625-4633 • Fax: 888-352-8391 • Web: [www.AliMed.com](http://www.AliMed.com)


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## ***AliMed Quote Process & Custom Table and Stretcher Pad Information***

- 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><b><i>Polyfoam</i></b></p> <ul style="list-style-type: none"> <li>• An economical foam, used in most furniture seat cushions, provides firm support, and has slight compression.</li> <li>• For procedures under 1 hour and for low risk patients.</li> <li>• Our standard polyfoam is 2” thick but can be altered for customs</li> <li>• Polyfoam is standard for Stretcher Pads.</li> </ul>
	<p><b><i>T-Foam</i></b></p> <ul style="list-style-type: none"> <li>• A denser form of Polyfoam with minimal compression, which forms to the body like gel (<i>otherwise known as memory foam</i>).</li> <li>• For procedures lasting over 1 hour and comfortable for frail or pain sensitive patients.</li> <li>• Our standard T-Foam is 2” thick but can be altered for customs</li> </ul>
	<p><b><i>Advanced T-Foam</i></b></p> <ul style="list-style-type: none"> <li>• Combines a thick top layer of T-foam with a thin bottom layer of firm sponge to prevent heavier patients from bottoming out.</li> <li>• For procedures between 2-5 hours and comfortable for frail, pain sensitive, heavy, or high risk patients.</li> <li>• Our standard Advanced T-Foam combines a 2” thick layer of T-Foam with a ¼” thick layer of firm sponge but can be adjusted for custom requests.</li> </ul>
	<p><b><i>Combo Foam</i></b></p> <ul style="list-style-type: none"> <li>• Combines a top layer of T-Foam with a bottom layer of Polyfoam to cradle patient with maximum thickness and support that resists bottoming out.</li> <li>• For procedures between 2-5 hours and for frail, pain-sensitive, heavy, high-risk patients, and patients in lateral/jackknife positions.</li> <li>• Our standard Combo Foam combines a 1 ½” thick layer of T-Foam sealed to 1 ½” thick layer of Polyfoam but can be adjusted accordingly for custom requests.</li> </ul>

	<p><b><i>Closed-Cell Foam</i></b></p> <ul style="list-style-type: none"> <li>• Firm, yielding support that won't bottom out and has very low attenuation. Perfect choice for CAT scans.</li> <li>• For procedures up to 2 hours. Great for low-risk, frail, heavy, or high risk patients.</li> <li>• Our standard Closed-Cell foam is 1" thick but can be adjusted for custom requests.</li> </ul>
<p><b><i>COVERS ONLY</i></b></p>	<ul style="list-style-type: none"> <li>• We can also make <u>covers ONLY</u> (without foam) that fit over an existing table pad.</li> </ul>

## COVER OPTIONS

<p><b><i>Black Conductive Vinyl (Lectrolite)</i></b></p>	<ul style="list-style-type: none"> <li>• Conductive vinyl, slip resistant, durable, water-resistant, bacteriostatic</li> <li>• Typically used to cover polyfoam pads</li> <li>• Standard for Surgical table pads and Stretcher pads</li> <li>• Sewn seams are not radiolucent but are located on pad edges</li> <li>• Flame retardant (NAFPA 16CFR part 1632) Class A</li> </ul>
<p><b><i>Black Vinyl (Synergy/Alitex)</i></b></p>	<ul style="list-style-type: none"> <li>• A flexible, more elastic version of the lectrolite black</li> <li>• Due to the stretch of the fabric, it is perfect over t-foam, combo foam, or advanced t-foam</li> <li>• Sewn seams are not radiolucent but are located on pad edges</li> <li>• Vinyl, durable, water-resistant, bacteriostatic</li> <li>• Flame retardant (NAFPA 6CFR part 1632) Class A</li> </ul>
<p><b><i>Blue Vinyl Revolution</i></b></p>	<ul style="list-style-type: none"> <li>• Vinyl, standard for most X-Ray positioners, radiolucent</li> <li>• Non-allergenic, bacteria/fungal resistant, malodor protection</li> <li>• Stain/tear resistant, antistatic</li> <li>• Water-resistant seams</li> <li>• Meets Cal 117</li> </ul>
<p><b><i>Protecta Coat</i></b></p>	<ul style="list-style-type: none"> <li>• Vinyl, waterproof spray coating, slip resistant, durable, radiolucent, seamless</li> </ul>
<p><b><i>Vinyl Coated</i></b></p>	<ul style="list-style-type: none"> <li>• Only Available with Closed Cell Foam Pads</li> <li>• Waterproof, seamless, durable</li> <li>• Available in White, Oyster, Teal, Royal Blue, Grey and Black</li> </ul>



## Custom 1 Piece Table Pad 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 table/stretcher pad 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 request)*

### Customer Contact Information:

Contact Name (First & Last): \_\_\_\_\_

Customer #: \_\_\_\_\_ Company/Facility: \_\_\_\_\_

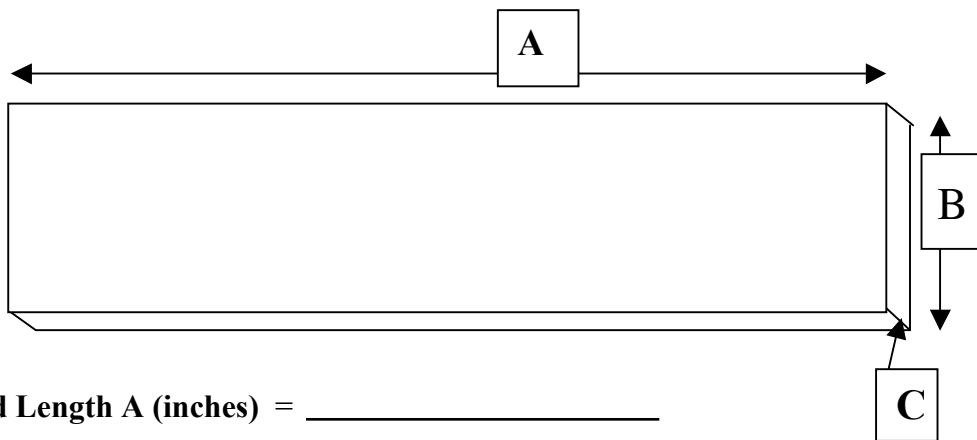
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 1 PIECE TABLEPAD SPECIFICATIONS:

*If you need Velcro attached to the bottom of the tablepad, please note the Velcro placement (distance from the sides and ends of the tablepad) and the length and width of the velcro strips. Also what type (hook-prickly, or loop-fuzzy) you need stitched onto the table pad cover.*



Pad Length A (inches) = \_\_\_\_\_

Pad Width B (inches) = \_\_\_\_\_

Pad Thickness C (inches) = \_\_\_\_\_

Tablepad and Cover: (Y/N) \_\_\_\_\_

Cover Only: (Y/N) \_\_\_\_\_

**Foam Options:**

Check off one

*(Reference the custom table/stretcher pad info. sheet to learn more about the foam)*

Polyfoam  T-Foam  Advanced T-Foam

Combo Foam  Closed Cell Foam

**Cover Options:**

Check off one *(Reference the custom table/stretcher pad sheet to learn more about the covers)*

Black Conductive Vinyl (Lectrolite)  Black Vinyl (Alitex/Synergy)

Blue Vinyl Revolution  Black Protecta Coat

Vinyl Coated *(only available with closed cell foam pads)*

**\*Vinyl Coated pads are ONLY available with Closed Cell Foam. Please specify color of vinyl coating\***

White  Royal Blue  Oyster

Grey  Teal  Black

**Closure *(available for Cover Only)***

Check off one

Zipper  Hook and Loop

**Closure Placement *(available for Cover Only)***

Choose One Only

Along Length of Pad  Along Width of Pad

**Do you request hook and loop material on the bottom of pad?**

Yes  No

**If YES, which side of the material should be on the pad?**

Loop (fuzzy)  Hook (prickly)

**Please note on the diagram where you request the Velcro (distance from the sides and ends of the tablepad) and the width and length of the Velcro strips.**

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

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## Custom 2 Piece Table Pad 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 table/stretcher pad 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 request)

### Customer Contact Information:

Contact Name (First & Last): \_\_\_\_\_

Customer #: \_\_\_\_\_ Company/Facility: \_\_\_\_\_

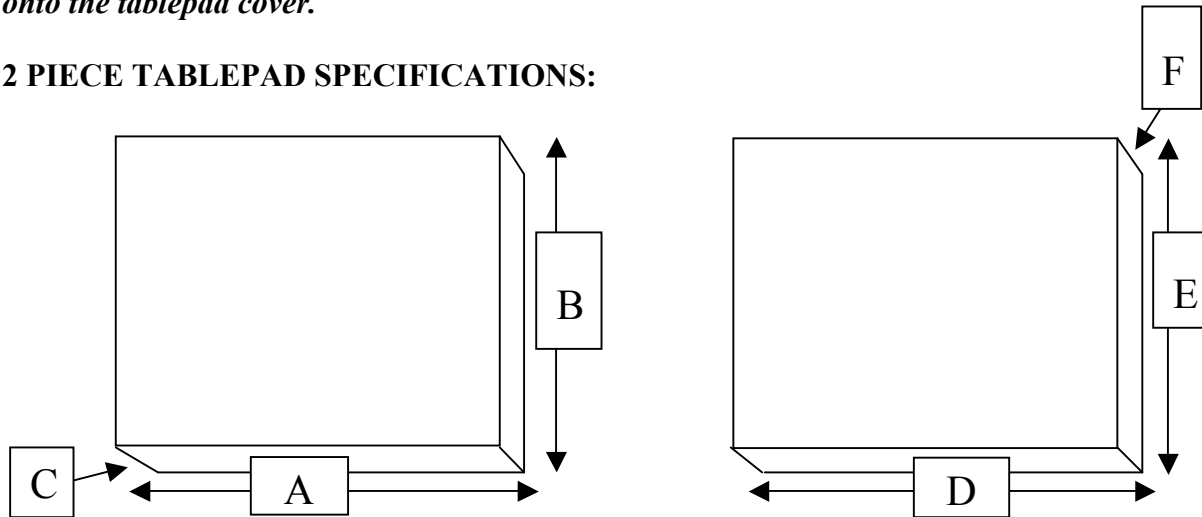
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If you need Velcro attached to the bottom of the tablepad, please note on the diagram where you would need the Velcro (distance from the sides and ends of the tablepad) and how wide and long the Velcro should be. Also what type (hook-prickly, or loop-fuzzy) you need stitched onto the tablepad cover.

### 2 PIECE TABLEPAD SPECIFICATIONS:



(Measurements in INCHES)

Pad 1 Length A = \_\_\_\_\_ Pad 2 Length D = \_\_\_\_\_

Pad 1 Width B = \_\_\_\_\_ Pad 2 Width E = \_\_\_\_\_

Pad 1 Thickness C = \_\_\_\_\_ Pad 2 Thickness F = \_\_\_\_\_

Tablepad and Cover: (Y/N) \_\_\_\_\_

Cover Only: (Y/N) \_\_\_\_\_

**Foam Options:**

**Check off one**

*(Reference the custom table/stretcher pad info. sheet to learn more about the foam)*

Polyfoam  T-Foam  Advanced T-Foam  Combo Foam

Closed Cell Foam

**Cover Options:**

**Check off one**

*(Reference the custom table/stretcher pad info. sheet to learn more about the covers)*

Black Conductive Vinyl (Lectrolite)  Black Conductive Vinyl (Alitex/Synergy)

Blue Vinyl Revolution  Black Protecta Coat

Vinyl Coated *(only available with closed cell foam pads)*

**\*Vinyl Coated pads are ONLY available with Closed Cell Foam. Please specify color.\***

White  Royal Blue  Oyster

Grey  Teal  Black

**Closure *(available for Cover Only w/out padding)* - Check off one**

Zipper  Hook and Loop

**Closure Placement *(available for Cover Only w/out padding)*- Check off one**

Along Length of Pad  Along Width of Pad

**Do you request hook and loop material on the bottom of pad?**

Yes  No

**If YES, which side of the material should be on the pad?**

Loop (fuzzy)  Hook (prickly)

**Please note on the diagram where you request the Velcro (distance from the sides and ends of the tablepad) and the width and length of the Velcro strips.**

**Requirements of product? (radiolucency, bacteriostatic, waterproof, etc):**

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

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## Custom 3 Piece Table Pad 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 table/stretcher pad 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 request)*

### Customer Contact Information:

Contact Name (First & Last): \_\_\_\_\_

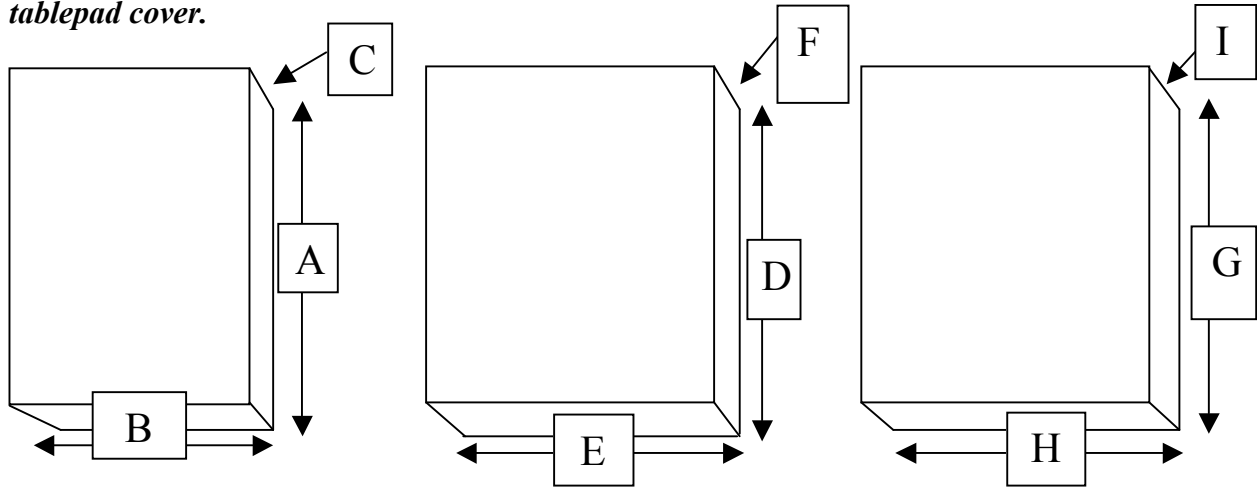
Customer #: \_\_\_\_\_ Company/Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*If you need Velcro attached to the bottom of the tablepad, please note where you would need the Velcro (distance from the sides and ends of the tablepad) and how wide and long the Velcro should be. Also what type (hook-prickly, or loop-fuzzy) you need stitched onto the tablepad cover.*



*(Measurements in INCHES)*

Pad 1 Length A = \_\_\_\_\_ Pad 2 Length D = \_\_\_\_\_ Pad 3 Length G = \_\_\_\_\_

Pad 1 Width B = \_\_\_\_\_ Pad 2 Width E = \_\_\_\_\_ Pad 3 Width H = \_\_\_\_\_

Pad 1 Thickness C = \_\_\_\_\_ Pad 2 Thickness F = \_\_\_\_\_ Pad 3 Thickness I = \_\_\_\_\_

Tablepad and Cover: (Y/N) \_\_\_\_\_

Cover Only: (Y/N) \_\_\_\_\_

**Foam Options:**

**Check off one**

*(Reference the custom table/stretcher pad info. sheet to learn more about the foam)*

Polyfoam  T-Foam  Advanced T-Foam  Combo Foam

Closed Cell Foam

**Cover Options:**

**Check off one** *(Reference the custom table/stretcher pad info. sheet)*

Black Conductive Vinyl (Lectrolite)  Black Conductive Vinyl (Alitex/Synergy)

Blue Vinyl Revolution  Black Protecta Coat

Vinyl Coated *(only available with closed cell foam pads)*

**\*Vinyl Coated pads are ONLY available with Closed Cell Foam. Please specify color\***

White  Royal Blue  Oyster

Grey  Teal  Black

**Closure (available for Cover Only)-Check off one**

Zipper  Hook and Loop

**Closure Placement (available for Cover Only)-Check off one**

Along Length of Pad  Along Width of Pad

**Do you request hook and loop material on the bottom of pad?**

Yes  No

**If YES, which side of the material should be on the pad?**

Loop (fuzzy)  Hook (prickly)

**Please note on the diagram where you request the Velcro (distance from the sides and ends of the tablepad) and the width and length of the Velcro strips.**

Requirements of product? (radiolucency, bacteriostatic, waterproof, etc):

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

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## Custom Stretcher Pad 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 table/stretcher pad 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 request)*

### Customer Contact Information:

Contact Name (First & Last): \_\_\_\_\_

Customer #: \_\_\_\_\_ Company/Facility: \_\_\_\_\_

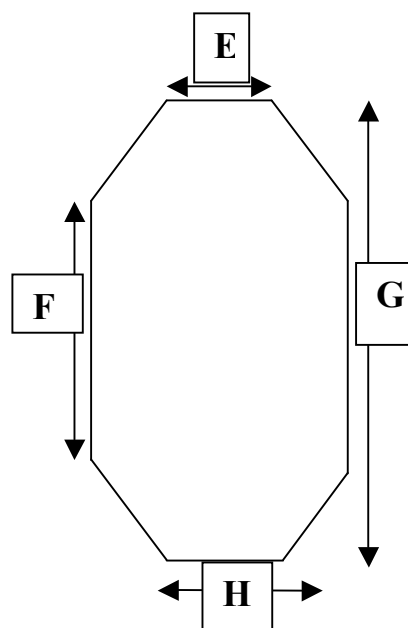
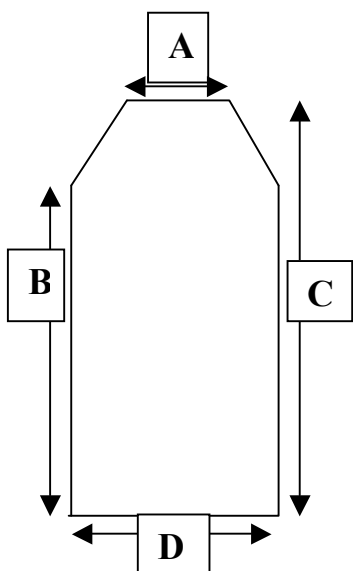
Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### STRETCHER PAD SPECIFICATIONS:

*If you need Velcro attached to the bottom of the stretcher pad, please note on the diagram the Velcro placement (distance from the sides and ends of the tablepad) and the length and width of the velcro strips. Also what type (hook-prickly, or loop-fuzzy) you need stitched onto the stretcher cover.*



#### Measurements in Inches:

##### Stretcher 1

Overall Thickness = \_\_\_\_\_

A = \_\_\_\_\_ C = \_\_\_\_\_

B = \_\_\_\_\_ D = \_\_\_\_\_

##### Stretcher 2

Overall Thickness = \_\_\_\_\_

E = \_\_\_\_\_ G = \_\_\_\_\_

F = \_\_\_\_\_ H = \_\_\_\_\_

Stretcher pad and Cover: (Y/N) \_\_\_\_\_

Cover Only: (Y/N) \_\_\_\_\_

**Foam Options:**

Check off one (*Reference the custom table/stretcher pad info. sheet*)

Polyfoam  T-Foam  Advanced T-Foam  Combo  Closed Cell

**Cover Options:**

Check off one (*Reference the custom table/stretcher pad info. sheet*)

Black Conductive Vinyl (Lectrolite)  Black Conductive Vinyl (Alitex/Synergy)

Blue Vinyl Revolution  Black Protecta Coat

Vinyl Coated (*only available with closed cell foam pads*)

**\*Vinyl Coated pads are ONLY available with Closed Cell Foam. Please specify color of vinyl coating\***

White  Royal Blue  Oyster  Gray  Teal  Black

**Closure (*available for Cover Only*) - Check off one**

Zipper  Hook and Loop

**Closure Placement (*available for Cover Only*) – Check off one**

Along Length of Pad  Along Width of Pad

**Do you request hook and loop material on the bottom of pad?**

Yes  No

**If YES, which side of the material should be on the pad?**

Loop (fuzzy)  Hook (prickly)

**Please note on the diagram where you request the Velcro (distance from the sides and ends of the tablepad) and the width and length of the Velcro strips.**

**Requirements of product? (radiolucency, bacteriostatic, waterproof, etc):**

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

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**\* If there are curves or radiuses needed to complete your pad, then you must submit a tracing and mail to:**

**Attn: ORDI Marketing Dept., AliMed, Inc.  
297 High Street  
Dedham, MA 02026**

**Please attach this form to the tracing when you mail it in! \***

**Tablepad and Cover: (Y/N) \_\_\_\_\_ Cover Only: (Y/N) \_\_\_\_\_**

**Foam Options: Check off one (*Reference the custom table/stretcher pad info. sheet*)**

Polyfoam  T-Foam  Advanced T-Foam  Combo  Closed Cell

**Cover Options: Check off one (*Reference the custom table/stretcher pad info. sheet*)**

Black Conductive Vinyl (Lectrolite)  Black Conductive Vinyl (Alitex/Synergy)

Blue Vinyl Revolution  Black Protecta Coat

Vinyl Coated (*only available with closed cell foam pads*)

**\*Vinyl Coated pads are ONLY available with Closed Cell Foam. Please specify color of vinyl coating\***

White  Royal Blue  Oyster  Grey  Teal  Black

**Closure (*available for Cover Only*) – Check off one**

Zipper  Hook and Loop

**Closure Placement (*available for Cover Only*) – Check off one**

Along Length of Pad  Along Width of Pad

**Do you request hook and loop material on the bottom of pad?**

Yes  No

**If YES, which side of the material should be on the pad?**

Loop (fuzzy)  Hook (prickly)

**Please note on the diagram where you request the Velcro (distance from the sides and ends of the tablepad) and the width and length of the Velcro strips.**

Requirements of product? (radiolucency, bacteriostatic, waterproof, etc):

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

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