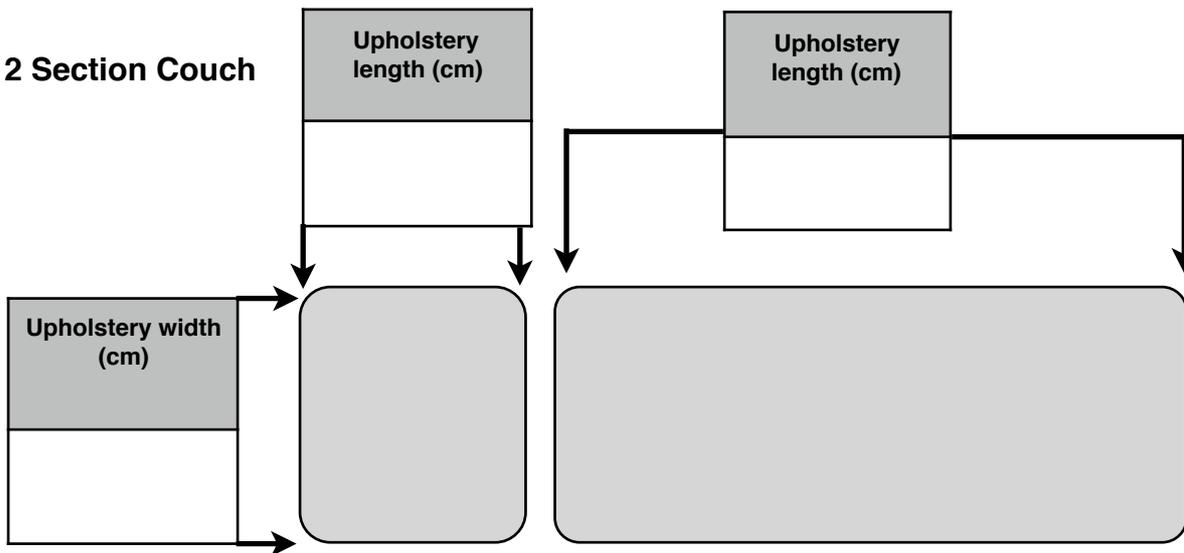


### Section 1

Please read the document “**Guide lines for Upholstery Order Form**” prior to completing this form. Please complete **ALL** sections, to prevent a delay in processing your enquiry. **\* Please double check measurements \***

<b>Name / Clinic</b>		<b>Phone Number</b>	
<b>Address</b>		<b>Trimbio to Fit</b>	<b>YES / NO</b>
		<b>Trimbio to service couch at same time</b>	<b>YES / NO</b>
<b>Couch Manufacturer</b>		<b>Current Colour</b>	
<b>Couch Model</b>		<b>Colour Required</b>	
<b>Serial Number</b>		<b>Breathe Hole Required</b>	<b>YES / NO</b>

### 2 Section Couch



### Section 2

Only to be completed if customer fitting upholstery themselves. Please read “**Guidelines for measuring upholstery fixings**”.

<b>Required:</b>	Self tapping screws or lugs (delete as applicable)
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#### Head Section

Quantity	Depth of frame

#### Foot Section

Quantity	Depth of frame