

cMed Back-Cushion Order Form

Company Name _____

Phone Number _____

Purchase Order # _____

The following information is required in order to process the order

- BK 1200 Series Backs
 BK 2500 Series Backs
 BK Ultra Series Backs
 Flat Back
 Curved Back
 Curved Back
 Curved Back
 Lumbar support
 Lumbar support
 Lumbar support

Width of the Back: _____

Height of the Back: _____

Diameter of Back Rail Tubing (choose one):
 7/8"
 1"
 1 1/8"

Clamping Style:

- Strap
 Clamp

Back will be mounted (choose one):
 1. On top of rails
 2. Between the rails

Offsets:
 1/2"
 1"

Dimension Code	Your actual Dimensions	Code Definition
A		The distance from the bottom of the back to the center of the holes for spacing the bottom t-nuts.
B		The distance from the bottom of the back to the center of the holes for spacing the top t-nuts.
C		The distance from the top of the back to the center of the holes for spacing the t-nuts for the head support if needed.
W		The actual width of the solid back.
H		The actual height of the solid back
T		The distance from the bottom of the back to the center of the holes to be used for the mounting of the lateral brackets.

Please Fax to: 269-345-1748



Helvetia Development Company LLC
 225 Parsons St.
 Kalamazoo, MI 49007

877-626-5704

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