

(Please print and complete this form. Then email or fax it with your order)

Simply measure your existing mattress. Make any needed changes to the width and length. Then fill in the blanks with your measurements. Attach this completed form to your purchase requisition/ order. We must receive this completed document from your facility (via email or fax) to process your order. Please specify your mattress color preference on the requisition/ order.

All Stretcher Mattresses are custom, made to order and non-returnable. © 2024 SW Med-Source Inc. All rights reserved.

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Phone Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Below to be completed by SW Med-Source.

Part Name:		Part #	
Drawn by:		Revision	
Date:		Dwg #	
Velcro:		Sheet	___ of ___