

**LOWZONE & LOWZONE GEL**  
**Prescription / Order Form**

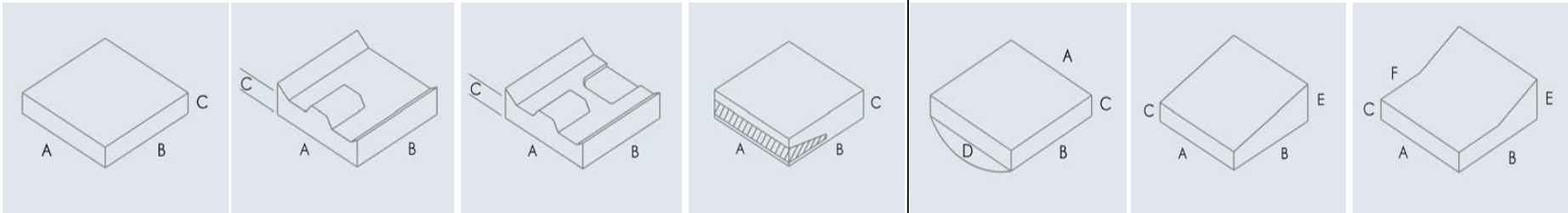
PRODUCT	A	B	C	D	E	F	QTY	COVER – please tick		BASE BOARD – please tick if required	
LOWZONE								WATERPROOF (black) OR <input type="checkbox"/>		PLYWOOD GLUED <input type="checkbox"/>	
								STRETCH VISCOSE (blue) <input type="checkbox"/>		PLYWOOD LOOSE <input type="checkbox"/>	
LOWZONE GEL								WATERPROOF (green) OR <input type="checkbox"/>		PLASTIC GLUED <input type="checkbox"/>	
								STRETCH VISCOSE (blue) <input type="checkbox"/>		PLASTIC LOOSE <input type="checkbox"/>	

**CUSHION STYLE – Please tick**

**ADAPTATION – Please tick all that apply**

STANDARD     PROFILE     CONTOUR     AMPUTEE (Lowzone only)

CHAMFER 1" OR 1.5"     WEDGE     RAMP



(Please note that the side rail on contour and profile cushions is 1"/25mm higher than the overall depth of the cushion)

PRODUCT	MINIMUM SIZE	MAXIMUM SIZE	DEPTH
LOWZONE	No restrictions	No restrictions	2" / 50mm, 3" / 75mm, 4" / 100mm
LOWZONE GEL	12" x 12" / 300mm x 300mm	22" x 22" / 550mm x 550mm	2" / 50mm, 3" / 75mm, 4" / 100mm
LOWZONE PROFILE & CONTOUR	10" x 10" / 250mm x 250mm	No restrictions	2" / 50mm, 3" / 75mm, 4" / 100mm
LOWZONE GEL PROFILE & CONTOUR	12" x 12" / 300mm x 300mm	22" x 22" / 550mm x 550mm	3" / 75mm, 4" / 100mm

<b>Order number</b>	<b>Date</b>
<b>Delivery address</b>	<b>Invoice Address</b>
<b>Post code</b>	<b>Post code</b>



**Therapist / R.E. signature:**  
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