Techno-Aide Custom Sponge Form

TA/pn: _____

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**2018**

**CUSTOM CONFIGURED Positioning Sponges!** Copy this form with a dimensioned diagram of the shape, size, and thickness of your sponge for a quick and easy quote:

| | |
|---|---|
| Contact Name | |
| Address | |
| City/State/Zip | |
| Phone | |
| Email | |

*Custom Orders may take up to 21 business days to manufacture*

**This product is custom and is not returnable for refund.*
*One Year Warranty included on materials and workmanship*

Please show as many views as you can: front, side, top, oblique view, etc. Write length, width, height/thickness, and critical angle dimensions directly on your sketch or in the labeled spaces provided below.

**Basic Shape:** ☐ Rectangle ☐ Wedge ☐ Cylinder
☐ Other:_____

**Foam Type:** ☐ Standard Foam ☐ Closed Cell Foam (2 lb black)
☐ Firm/Bariatric Foam ☐ Closed Cell Foam (6 lb black)

**Desired Finish:** ☐ Non-Coated ☐ Coated ☐ Healthcare 4-way stretch
☐ Vinyl Covered ☐ Heavy Duty Vinyl Covered

**Size Factors :** ☐ Use flared sides ("Stealth" style) in order to minimize line artifacts (understanding this will increase the overall size).
☐ Use exact measurements shown because line artifacts are not an issue for the intended use of this sponge.

**Usage:** please describe the clinical use for this sponge:

Write your dimensions directly on your sketch or label your lines and angles with these letters and write your dimensions in the middle column.

| | | |
|---|---|---|
| Dimension A | | Inches |
| Dimension B | | Inches |
| Dimension C | | Inches |
| Dimension D | | Inches |
| Dimension E | | Inches |
| Dimension F | | Inches |
| Dimension G | | Inches |
| Dimension H | | Inches |