

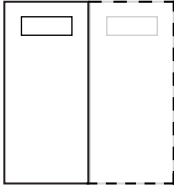
# ICare Beds Order Form

PLEASE PRINT CLEARLY TO AVOID DELAYS

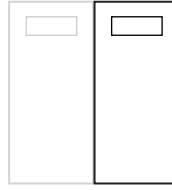


Customer Name:	Date: / /	Phone:	Job #
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### Right Side When Laying On Bed



### Left Side When Laying On Bed



#### Step 1: Select Bed Size

- Long Single     King Single  
 Long Double     Queen (or Split Queen)

- Long Single     King Single

#### Step 2: Select Bed Type

- IC333     IC100 Partner Bed  
 IC555     ICCB Companion Bed

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 IC555     ICCB Companion Bed

#### Step 3: Select Colour

- Stone     Onyx

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#### Step 4: Select Mattress

- IC15     IC20     IC25  
 Latex Mattress     M2 Medical Mattress

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 Latex Mattress     M2 Medical Mattress

#### Step 5: Select Accessories (Optional)

- Low Side Rail     High Side Rail     Bed Stick  
 Over Bed Pole     Full Length Side Rail     Bed Head

- Low Side Rail     High Side Rail     Bed Stick  
 Over Bed Pole     Full Length Side Rail     Bed Head

#### Additional Comments

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**I agree that I have read and understand the above bed specification. I agree that this bed specification is suitable for me and understand that there will be no refunds or exchanges due to change of mind (to the extent permitted by consumer law).**

Customer Signature: \_\_\_\_\_

GMobility Signature: \_\_\_\_\_

Date: / /

Date: / /