



Manufactured in Canada

Geo-Matrix™



Blake Medical Custom Cushion Order Form

Effective March 2024

Date: _____

Dealer: _____

Dealer Contact: _____

Dealer Address: _____

Dealer City: _____ Pro: _____ PC: _____

Dealer Phone: _____ Fax: _____

Confirmation Email: _____

Confirm via: Email Fax

Submitting for: Quote Order

PO#: _____

ADDITIONAL SHIPPING INFORMATION

Ship to: _____

Attention: _____

Address: _____

Address: _____

Ship to City: _____ Pro: _____ PC: _____

Ship to Phone: _____ Fax: _____

| STEP 1 - Indicate Size | Input size here |
|------------------------|-----------------|
| Cushion Width | |
| Cushion Depth | |

| STEP 2 - Choose base option | Check box here |
|--|--------------------------|
| 1/4" Closed cell foam | <input type="checkbox"/> |
| 2.75" Hybrid Base (Foam only) | <input type="checkbox"/> |
| 2.75" Hybrid Deep Base (Foam only) | <input type="checkbox"/> |
| 1.75" Hybrid Base (Foam only) | <input type="checkbox"/> |
| 1.75" Hybrid Deep Base (Foam only) | <input type="checkbox"/> |
| 1" Purple Geo-matrix gel | <input type="checkbox"/> |
| 1" Blue Geo-matrix gel | <input type="checkbox"/> |
| 1" Green Geo-Matrix gel | <input type="checkbox"/> |
| 1.5" Blue Geo-Matrix gel | <input type="checkbox"/> |
| If the base layer is anything other than what is listed above, please explain it here: | |

| STEP 3 - Choose 2nd layer option | Check box here |
|---|--------------------------|
| This is the layer that goes on top of the base layer indicated in Step 2: | |
| Firm foam | <input type="checkbox"/> |
| Medium foam | <input type="checkbox"/> |
| Soft foam | <input type="checkbox"/> |
| <i>If choosing foam</i> , please indicate required foam height _____ | |
| 3/4" gel infused memory foam | <input type="checkbox"/> |
| 1" Purple Geo-matrix gel | <input type="checkbox"/> |
| 1" Blue Geo-matrix gel | <input type="checkbox"/> |
| 1" Green Geo-Matrix gel | <input type="checkbox"/> |
| 1.5" Blue Geo-Matrix gel | <input type="checkbox"/> |
| .75" Standard Pillow top gel | <input type="checkbox"/> |
| .75" Firm Pillow Top Gel | <input type="checkbox"/> |
| If the 2nd layer is anything other than what is listed above, please explain it here: | |

| STEP 4 - Choose 3rd layer option (If applicable) | |
|---|--------------------------|
| This is the layer that goes on top of the 2nd layer indicated in Step 3: | Check box here |
| Firm foam | <input type="checkbox"/> |
| Medium foam | <input type="checkbox"/> |
| Soft foam | <input type="checkbox"/> |
| <i>If choosing foam</i> , please indicate required foam height _____ | |
| 3/4" gel infused memory foam | <input type="checkbox"/> |
| 1" Purple Geo-matrix gel | <input type="checkbox"/> |
| 1" Blue Geo-matrix gel | <input type="checkbox"/> |
| 1" Green Geo-Matrix gel | <input type="checkbox"/> |
| 1.5" Blue Geo-Matrix gel | <input type="checkbox"/> |
| .75" Standard Pillow top gel | <input type="checkbox"/> |
| .75" Firm Pillow Top Gel | <input type="checkbox"/> |
| If the 3rd layer is anything other than what is listed above, please explain it here: | |

| STEP 5 - Choose 4th layer option (If applicable) | |
|---|--------------------------|
| This is the layer that goes on top of the 3rd layer indicated in Step 4 | Check box here |
| Firm foam | <input type="checkbox"/> |
| Medium foam | <input type="checkbox"/> |
| Soft foam | <input type="checkbox"/> |
| <i>If choosing foam</i> , please indicate required foam height _____ | |
| 3/4" gel infused memory foam | <input type="checkbox"/> |
| 1" Purple Geo-matrix gel | <input type="checkbox"/> |
| 1" Blue Geo-matrix gel | <input type="checkbox"/> |
| 1" Green Geo-Matrix gel | <input type="checkbox"/> |
| 1.5" Blue Geo-Matrix gel | <input type="checkbox"/> |
| .75" Standard Pillow top gel | <input type="checkbox"/> |
| .75" Firm Pillow Top Gel | <input type="checkbox"/> |
| If the 4th layer is anything other than what is listed above, please explain it here: | |

*If there are more than 4 layers to your custom item, please indicate this in the notes section.

STEP 6 - Optional modifications. Please select any that apply, and provide measurements when needed.

Add Pommel: Pommel dimensions W D H
 If adding a pommel, specify material: Foam Geo-Matrix purple gel Geo-Matrix blue gel Geo-Matrix Green gel

Scrotal relief. A portion of the pommel is shaved down to accommodate more space for organ tissue.
 Additional instruction (If required)

Back cane cut outs. The back corners of the cushion are cut out 2" x 2" in order to fit the cushion between canes more easily.
 Additional instruction (If required)

Leg length discrepancy:
 Client's right side Inches from front of cushion: _____
 Client's left side Inches from front of cushion: _____

*For leg length discrepancy requests, please ensure a "birds eye view" drawing is included below.

STEP 7 - Cover Options

Outer cover only Inner & Outer cover

Outer cover material (please select one):

- Soft touch elastatex with incontinence protection (This is the standard outer material used on Blake Medical Cushions)
 - Wipeable elastatex with incontinence protection
 - Spacer fabric with incontinence protection
 - Spacer fabric with NO incontinence protection
 - Other, please specify & describe
-

Inner cover material (please select one, if applicable):

- Soft touch elastatex with incontinence protection
 - Wipeable elastatex with incontinence protection (This is the standard inner material used on Blake Medical Cushions)
 - Other, please specify & describe
-

Is a second outer cover required? YES NO

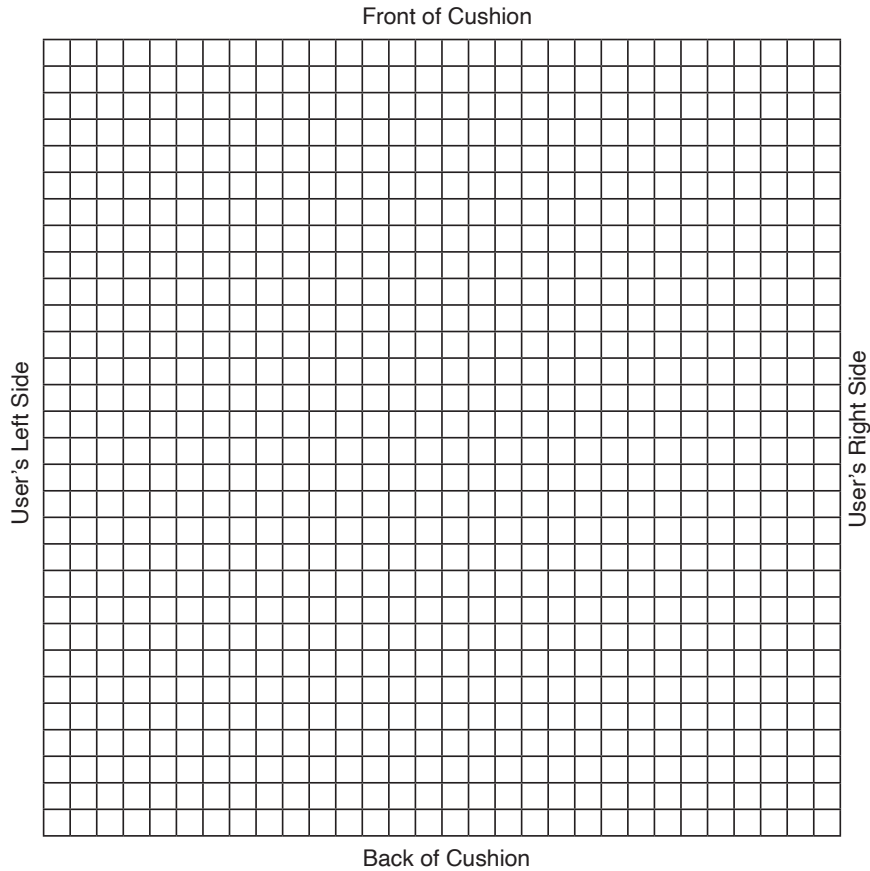
Is a second inner cover required? YES NO

Are there any further cover requests not mentioned above? If so, please describe here:

Please provide this drawing for any cushion that is not a basic square, or rectangle in shape. Each square represents 1" of the cushion.

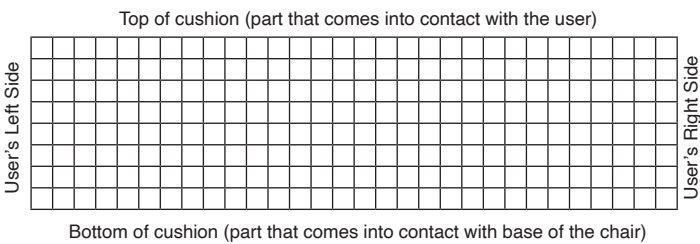
STEP 8 - Bird's eye view drawing.

This grid is 30 x 30, if your custom cushion is larger than 30" in width or depth, please attached a drawing on a blank page along with dimensions.



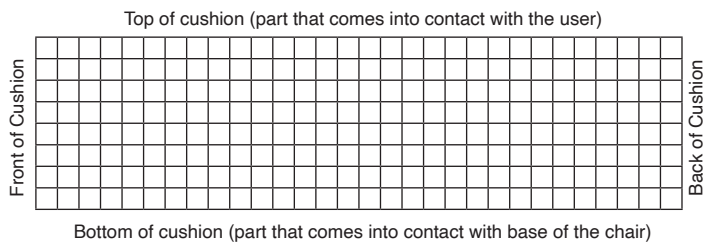
STEP 9 - View of front of cushion (only if applicable)

This grid is a 8"H x 30" W representation. For cushions outside of these parameters, please attach a drawing on a blank page along with dimensions.



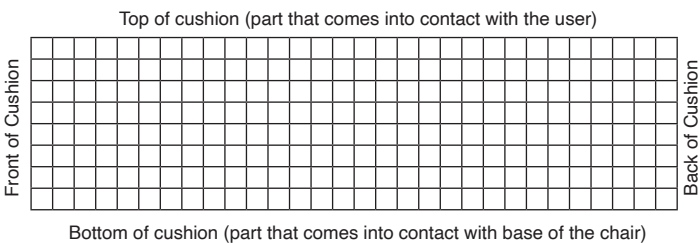
STEP 11 - View of left side of cushion (only if applicable)

This grid is a 8"H x 30" W representation. For cushions outside of these parameters, please attach a drawing on a blank page along with dimensions.



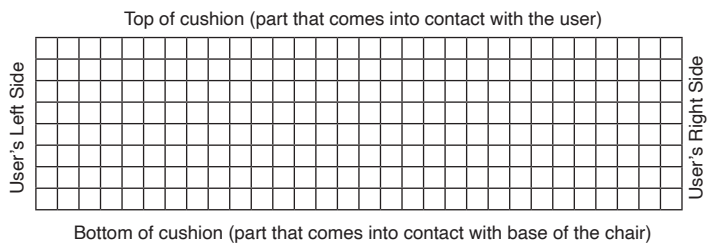
STEP 10 - View of right side of cushion (only if applicable)

This grid is a 8"H x 30" W representation. For cushions outside of these parameters, please attach a drawing on a blank page along with dimensions.



STEP 12 - View of back side of cushion (only if applicable)

This grid is a 8"H x 30" W representation. For cushions outside of these parameters, please attach a drawing on a blank page along with dimensions.



STEP 13 - NOTES

If there is any additional information not listed above, please describe here: