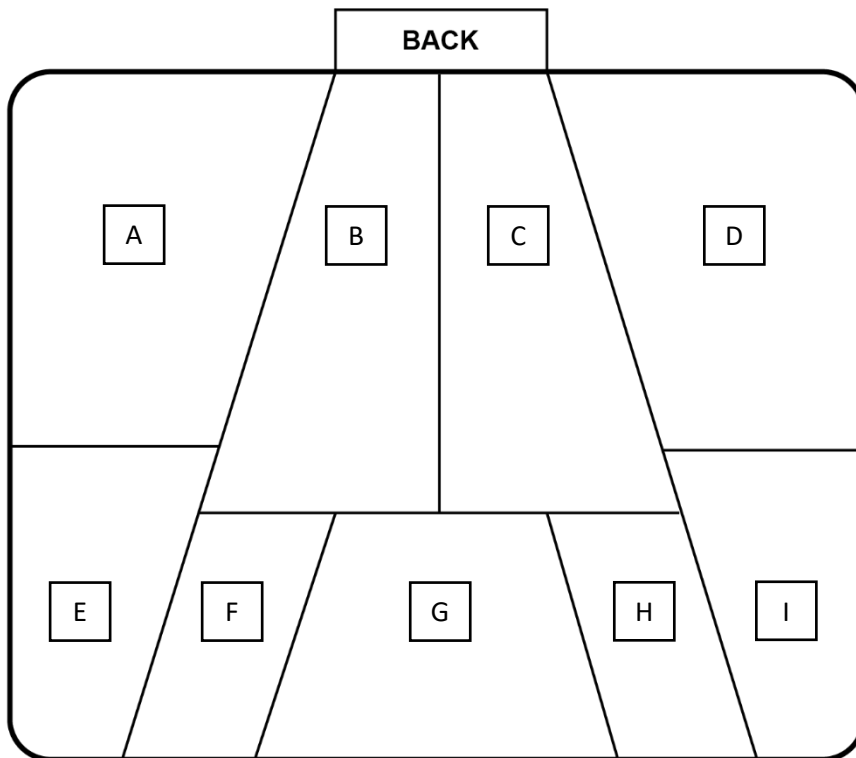


Cushion : Vicair Vector O2 (OVR)
Size : _____ Thickness: _____
Serial nr. : _____
Name Client : _____
Advisor : _____
Date : _____

Filling grade (number of cells per compartment)*



**This is your adjusted filling grade. The cushion label shows the default filling grade.*

Notes/Comments

Save this form for future reference