

Compartment layout form

Cushion	:	Vicair Adjuster O2 (OAD	1)				
Size	:				Thickness:	Thickness:	
Serial nr.	:						
Name Client	:						
Advisor	:						
Date	:						
Filling grade ((numbe	r of cells per compartmer	nt)*				
			ВА	СК			
		A			В		
		С					
		D			Е		
*This is your adj	usted fillii	ng grade. The cushion label sho	ows the de	efault fillin	g grade.		
Notes/Comm	ents						

