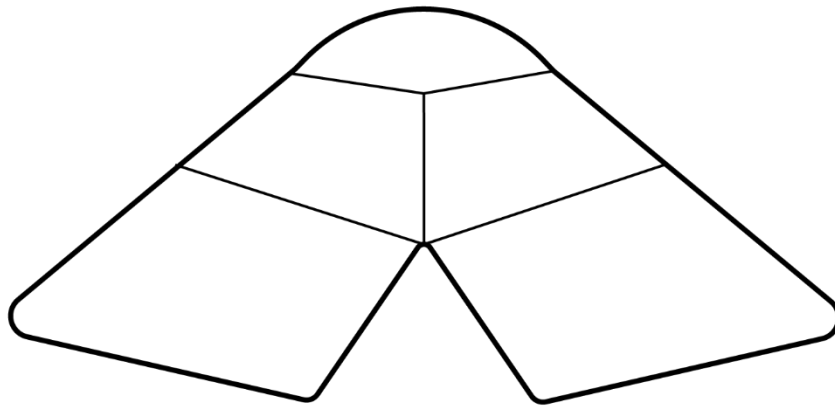


Cushion : Vicair AllRounder O2 (OAL)
Size : _____
Serial nr. : _____
Name Client : _____
Advisor : _____
Date : _____

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