Compartment layout form

Cushion : Vicair Vector O2 (OVR)

Size : _____ Thickness:_____

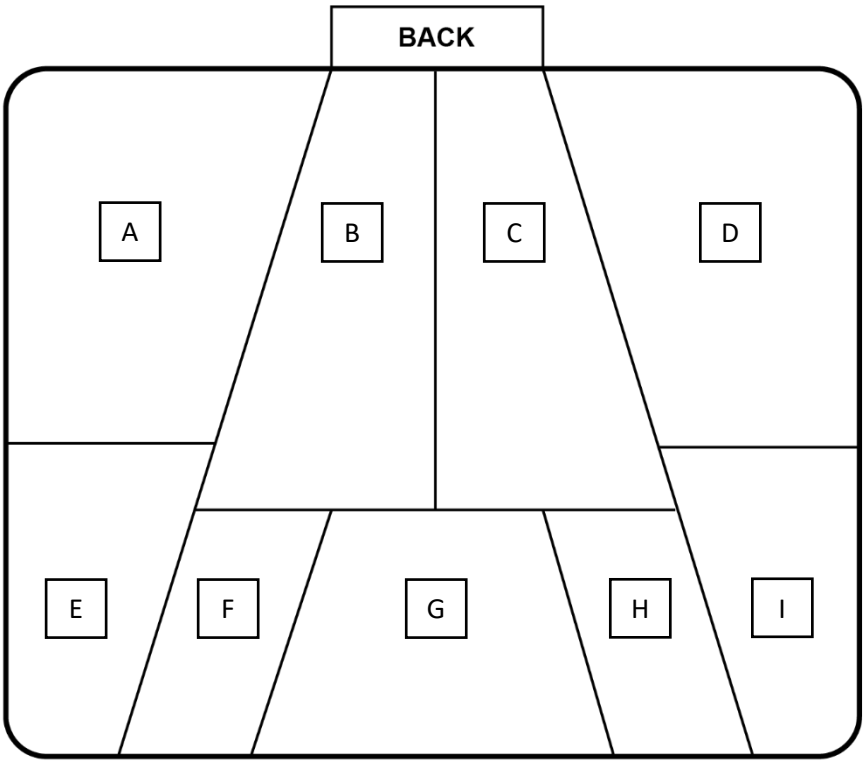
Serial nr. : _____

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