

Name _____ Street _____
 City _____ State _____ Zip _____ Phone _____
 Email _____

DOCTOR INFO:

Name _____ Phone _____ E-Mail _____
 Address _____ City _____ State _____ Zip _____

	Coolmax Spinetech 9"	Polar Tencel 11"	PROformance Outlast 13"	Pure Nature Latex 9 1/2"	QTY	Foundation	QTY	TOTAL
TWIN 38 X 74	\$995	Special Order	Special Order	Special Order	_____	\$200	_____	_____
TW XL 38 x 80	\$995	\$1295	\$2795	\$2955	_____	\$200	_____	_____
DBL 53 X 74	\$1195	Special Order	Special Order	Special Order	_____	\$200	_____	_____
QUEEN 60 X 80	\$1395	\$1695	\$3195	\$3495	_____	\$260	_____	_____
KING 76 X 80	\$1595	\$1895	\$3895	\$4295	_____	\$360	_____	_____
CA KING 72 X 84	\$1595	\$1895	\$3895	\$4295	_____	\$360	_____	_____

ACCESSORIES	QTY		QTY	Price
BACK SLEEPER PILLOW	_____	SIDE SLEEPER PILLOW	_____	\$99
MATTRESS PAD/COVER			_____	\$75
ADJUSTABLE BEDS AND TOPPERS (CALL FOR QUOTE)				

SUBTOTAL: _____
 SHIPPING: **FREE**
 TN SALES TAX (**TN RESIDENTS ONLY**): _____
TOTAL: _____

CREDIT CARD INFO VISA / MC / DISCOVER (no Amex)

CC# _____ Exp Date _____ Auth. Code _____ ZIP _____
 Patient Signature _____ DATE _____