

Cushion : Vicair Multifunctional O2 Back (OMFB)

Size : _____

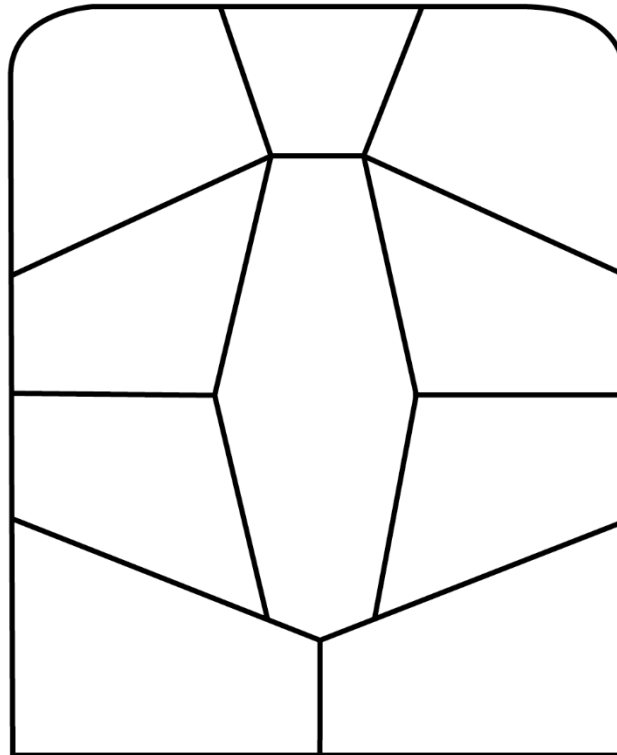
Serial nr. : _____

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

Vicair compartment layout form