

ORDER CUSTOM-MADE SEATS AND BACK REST'S

Tried out by _____ Tel _____ Date _____

Tried out for/markning _____ Purchasers order number _____

Mark type of detail. Use all three angles when illustrating how to customize the detail.
Submit measurement in cm.

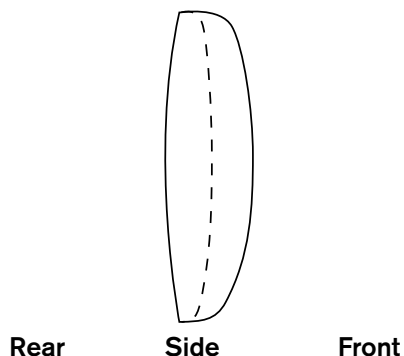
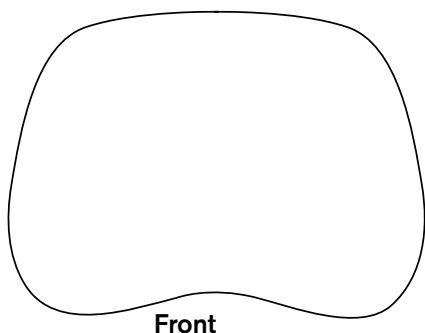
Back rest

ErgoMedic ErgoMedic PLUS

Slow Recovery Twin

Width _____ x Height _____

Upholstery/code.....



Artnr. leave to mercado

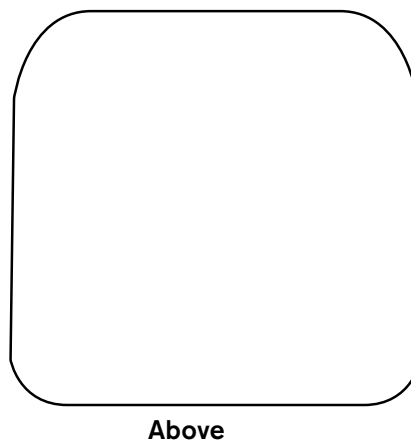
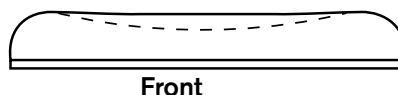
Seat

ErgoMedic ErgoMedic PLUS Twin

Slow Recovery Coxit

Depth _____ x Width _____

Upholstery/code.....



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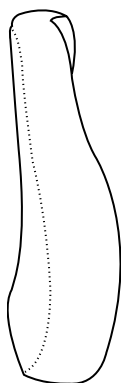
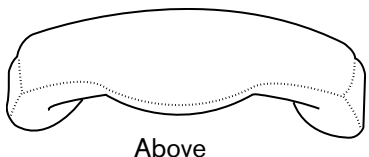
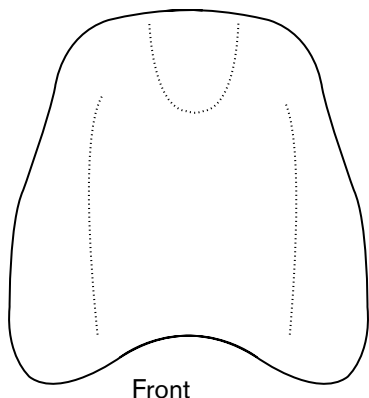
Back rest

ErgoMedic ErgoMedic PLUS

Slow Recovery Twin

Width x Height

Upholstery/code.....



Rear Side Front

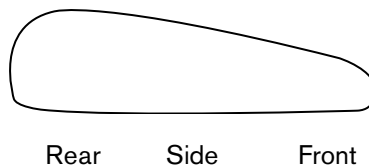
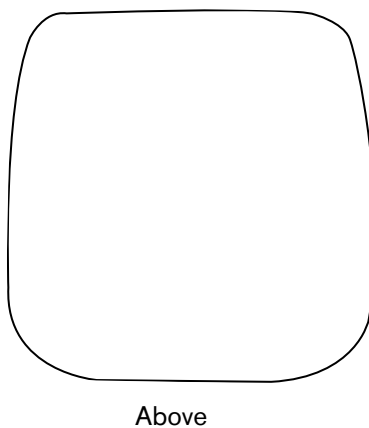
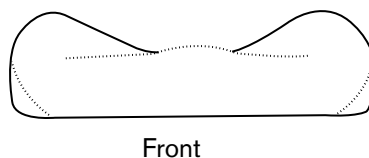
Seat

ErgoMedic ErgoMedic PLUS Twin

Slow Recovery Coxit

Depth x Width

Upholstery/code.....



Article Number leave to Mercado

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