

# Custom Mattress

## Script Form

Please fill out the below form. Once completed, return the form to the team at Active Medical.



Issue Date: 070126  
Revision Date: 070126 | V1

## Form Information

### Client Information

Full Name:		Contact Name:		Phone Number:	
Street Address:				Suburb:	
Postcode:				State:	

#### NDIA Agency Managed

NDIS: Number:					
Plan Dates:					

#### Plan Managed

Plan Manager (Company Name):					
NDIS: Number:					

#### Home Care Package

Provider:					
LVL 1	LVL 2	LVL 3	LVL 4		

#### Other

(DVA, NIISSQ, Private Sale)

#### Self Managed

#### M.A.S.S

**Please Note:** For NDIS participants, please ensure Active Medical is endorsed as your provider at the time of quote approval.

### Prescriber/Clinician Information

Full Name:		Organisation:	
Mobile Number:		Phone Number:	
Email:			

### Base Mattress Model

Eurocare	Zonecare 40	Zonecare 50	Zonecare 80
Zonecare 300	Zonecare 500	Zonecare Mental Health	Zonecare Concave

## Custom Mattress

**\*Disclaimer:** Please ensure all measurements provided are accurate and that the mattress size will fit your bed frame. All custom mattresses are made to order, no returns, refunds, exchanges, or alterations can be offered for incorrect measurements or sizing issues.

### Mattress Dimensions (mm & kg)

Width:		Length:	
Thickness:		Safe Working Load:	

## Foam Surround

### Bed Specifications

Bed Model			
Bed Platform Width:		Bed Platform Length:	

Mattress Cover required for foam surround (see next page for dimensions) (Untick if not applicable)

## Internal Mattress (Minimum Foam Thickness of 15mm)

Mattress Model			
Width:		Length:	Thickness:

## Mattress Location

Centered	Left (Perspective of lying on mattress)	Right (Perspective of lying on mattress)
3 side Surround (advise which sides are required in Comments below)		4 side surround
Distance from closest side (if applicable)	Overall Required Height	

## Select locations as per diagram to the right (1 - 8)

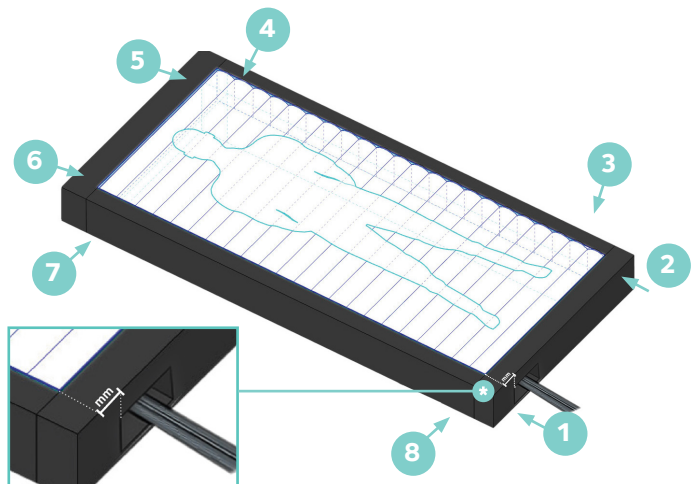
Air Supply Position	
CPR Position	

## Measure from External Corner of Air Mattress\*

Air Supply Measurement	mm
CPR Measurement (if applicable)	mm

## CPR Outlet Type

Velcro	Zip
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\*Example: Measurement required from External Corner of Air Mattress

## Extras

### Foam Bolster

Width:		Length:		Thickness:	
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## Mattress Cover

### Dimensions (mm)

Width:		Length:		Thickness:	
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## Zipper Style

Waterproof (standard)	Waterfall	Closed Seams (Mental Health)
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## Comments