



(VA) - February 1, 2018

ORDERING INFORMATION: PHONE: (888) 453-0311, FAX: (877) 501-8458, EMAIL: info@amysystems.com

ACCOUNT INFORMATION

Form with fields for P.O. # or Quote, Contact Name, Email Address, Phone Number, Fax Number, User Name or Number, VA (Billing), Shipping Name, Ship Address, City, State, Zip Code.

CG Air THERAPEUTIC SEAT CUSHION

14" to 20" WIDE

SINGLE (1) VALVE

Table with 4 columns: Item code, Description, Part number, Price. Includes CGA1V2SCxxx-x, CGA1V23Dxxx-x, CGA1V2ICxxx-x.

DUAL (2) VALVE

Table with 4 columns: Item code, Description, Part number, Price. Includes CGA2V2SCxxx-x, CGA2V23Dxxx-x, CGA2V2ICxxx-x.

SELECT CELL HEIGHT

Form for selecting cell height with checkboxes for 2", 3", 4" and quantity fields for various sizes.

22" to 24" WIDE

SINGLE (1) VALVE

Table with 4 columns: Item code, Description, Part number, Price. Includes CGA1V2SCxxx-x, CGA1V23Dxxx-x, CGA1V2ICxxx-x.

DUAL (2) VALVE

Table with 4 columns: Item code, Description, Part number, Price. Includes CGA2V2SCxxx-x, CGA2V23Dxxx-x, CGA2V2ICxxx-x.

SELECT CELL HEIGHT

Form for selecting cell height with checkboxes for 2", 3", 4" and quantity fields for various sizes.

26" + WIDE

SINGLE (1) VALVE

Table with 4 columns: Item code, Description, Part number, Price. Includes CGA1V2SCxxx-x, CGA1V23Dxxx-x, CGA1V2ICxxx-x.

DUAL (2) VALVE

Table with 4 columns: Item code, Description, Part number, Price. Includes CGA2V2SCxxx-x, CGA2V23Dxxx-x, CGA2V2ICxxx-x.

SELECT CELL HEIGHT

Form for selecting cell height with checkboxes for 2", 3", 4" and quantity fields for various sizes.

REPLACEMENT COVERS

Table with 4 columns: Item code, Description, Part number, Price. Includes CGASCxxx-x, CGA3Dxxx-x, CGAICxxx-x.



CG Air is an Amylior Inc Brand



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DELUXE ORDERING INFORMATION: PHONE: (888) 453-0311, FAX: (877) 501-8458, EMAIL: info@amysystems.com

**ACCOUNT INFORMATION**

P.O. # or Quote:	_____	VA (Billing):	_____
Contact Name:	_____	Shipping Name:	_____
Email Address:	_____	Ship Address:	_____
Phone Number:	_____	City:	_____
Fax Number:	_____	State:	_____
User Name or Number:	_____	Zip Code:	_____

**CG Air DELUXE - THERAPEUTIC CUSTOM SEAT CUSHION**

**14" to 20" WIDE (Build as per specifications below)**

<input type="checkbox"/>	CGADLX10-20-2SC	CG Air Deluxe (Includes Two (2) Standard 2-way Stretch Covers) - Below 22" Wide	(E2624) Pending	\$250
<input type="checkbox"/>	CGADLX10-20-23D	CG Air Deluxe (Includes Two (2) 3D Mesh Covers) - Below 22" Wide	(E2624) Pending	\$295
<input type="checkbox"/>	CGADLX10-20-2IC	CG Air Deluxe (Includes Two (2) Incontinence Covers) - Below 22" Wide	(E2624) Pending	\$260

**22" to 24" WIDE (Build as per specifications below)**

<input type="checkbox"/>	CGADLX22-24-2SC	CG Air Deluxe (Includes Two (2) Standard 2-way Stretch Covers) - 22" to 24" Wide	(E2625) Pending	\$325
<input type="checkbox"/>	CGADLX22-24-23D	CG Air Deluxe (Includes Two (2) 3D Mesh Covers) - 22" to 24" Wide	(E2625) Pending	\$390
<input type="checkbox"/>	CGADLX22-24-2IC	CG Air Deluxe (Includes Two (2) Incontinence Covers) - 22" to 24" Wide	(E2625) Pending	\$340

**26" + WIDE (Build as per specifications below)**

<input type="checkbox"/>	CGADLX26+-2SC	CG Air Deluxe (Includes Two (2) Standard 2-way Stretch Covers) - 26" Wide or more	(E2625) Pending	\$437
<input type="checkbox"/>	CGADLX26+-23D	CG Air Deluxe (Includes Two (2) 3D Mesh Covers) - 26" Wide or more	(E2625) Pending	\$522
<input type="checkbox"/>	CGADLX26+-2IC	CG Air Deluxe (Includes Two (2) Incontinence Covers) - 26" Wide or more	(E2625) Pending	\$458

**REPLACEMENT COVERS**

<input type="checkbox"/>	CGASCxxxx-x	Standard 2-way Stretch Cover. Specify Dimensions: W _____ " D _____ " H _____ "	(E2619)	\$44
<input type="checkbox"/>	CGA3Dxxxx-x	3D Mesh Cover. Specify Dimensions: W _____ " D _____ " H _____ "	(E2619)	\$44
<input type="checkbox"/>	CGAICxxxx-x	Incontinence Cover. Specify Dimensions: W _____ " D _____ " H _____ "	(E2619)	\$44

**CG Air DELUXE - CUSTOM ORDER MATRIX**

WIDTH - FRONT OF CUSHION	
	2 4 6 8 10 12 14 16 18 20 22 24 26 28 30
DEPTH	
2	
4	
6	
8	
10	
12	
14	
16	
18	
20	
22	
24	
26	
28	
30	

**STEPS TO FOLLOW TO FILL OUT THE MATRIX**  
 1. Specify the requested size of the cushion W \_\_\_\_\_ " x D \_\_\_\_\_ "  
 2. Specify the cell height \_\_\_\_\_. If different heights are needed, indicate 2, 3 or 4 in each square to show each cell height.  
 3. Specify the number of valves as well as the valve position by writing a "V". If more than one valve is required, draw a line to show the compartment area.  
 4. If cells are not required, indicate an "X" in the square.

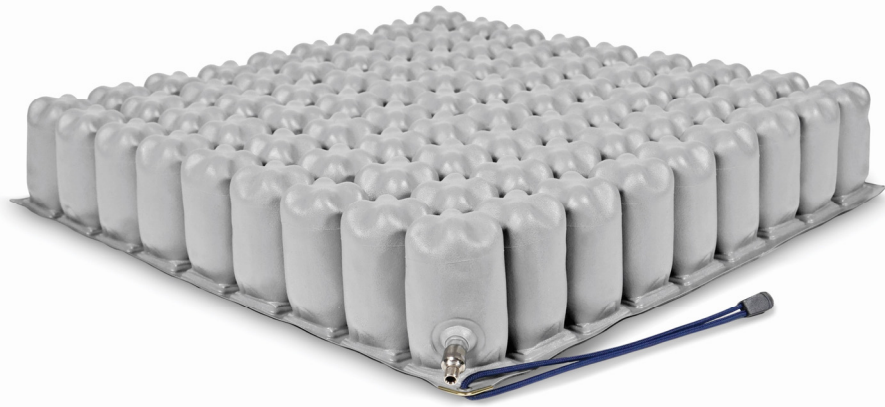


THE COLORS ARE USED TO SHOW THE DIFFERENT CELL HEIGHT POSSIBILITIES



## SIZING CHART

CG Air			OTHER MANUFACTURERS		
WIDTH OR DEPTH	# OF CELLS	SURFACE OF CELLS	WIDTH OR DEPTH	# OF CELLS	SURFACE OF CELLS
10"	5	10"	10"	5	8.75"
11"	5	10"	11"	6	10.50"
12"	6	12"	12"	6	10.50"
13"	6	12"	13"	7	12.25"
14"	7	14"	14"	8	14"
15"	7	14"	15"	8	14"
16"	8	16"	16"	9	15.75"
17"	8	16"	17"	9	15.75"
18"	9	18"	18"	10	17.5"
19"	9	18"	19"	10	17.5"
20"	10	20"	20"	11	19.25"
21"	10	20"	21"	12	21"
22"	11	22"	22"	12	21"
23"	11	22"	23"	13	22.75"
24"	12	24"	24"	13	22.75"
25"	12	24"	25"	14	24.5"



MEETS FLAMABILITY STANDARDS CAL TB 117-2013