



FEBRUARY 2020

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

ACCOUNT INFORMATION

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

CG Air THERAPEUTIC SEAT CUSHION

14" to 20" WIDE

SINGLE (1) VALVE

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGA1VSCxxx-x, CGA1V3Dxxx-x, CGA1VICxxx-x.

DUAL (2) VALVE

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGA2VSCxxx-x, CGA2V3Dxxx-x, CGA2VICxxx-x.

SELECT CELL HEIGHT

Form for selecting cell height with checkboxes for 2", 3", 4" and quantity fields for various sizes (14" x 14", 14" x 16", 16" x 14", 16" x 16", 16" x 18", 18" x 14", 18" x 16", 18" x 18", 18" x 20", 20" x 16", 20" x 18", 20" x 20").

22" to 24" WIDE

SINGLE (1) VALVE

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGA1VSCxxx-x, CGA1V3Dxxx-x, CGA1VICxxx-x.

DUAL (2) VALVE

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGA2VSCxxx-x, CGA2V3Dxxx-x, CGA2VICxxx-x.

SELECT CELL HEIGHT

Form for selecting cell height with checkboxes for 2", 3", 4" and quantity fields for various sizes (22" x 18", 22" x 20", 22" x 22", 24" x 20", 24" x 22", 24" x 24").

26" + WIDE

SINGLE (1) VALVE

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGA1VSCxxx-x, CGA1V3Dxxx-x, CGA1VICxxx-x.

DUAL (2) VALVE

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGA2VSCxxx-x, CGA2V3Dxxx-x, CGA2VICxxx-x.

SELECT CELL HEIGHT

Form for selecting cell height with checkboxes for 2", 3", 4" and quantity fields for various sizes (26" x 20", 26" x 22", 26" x 24", 28" x 20", 28" x 22", 28" x 24", 30" x 20", 30" x 22", 30" x 24").

REPLACEMENT COVERS

Table with 4 columns: Product Code, Description, Part Number, Price. Includes CGASCxxx-x, CGA3Dxxx-x, CGAICxxx-x.

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

CG Air DELUXE - CUSTOM THERAPEUTIC SEAT CUSHION

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

<input type="checkbox"/>	CGADLX10-20-SC	CG Air Deluxe (Includes a Standard 2-way Stretch Cover) - Below 22" Wide	(E2624)	\$510
<input type="checkbox"/>	CGADLX10-20-3D	CG Air Deluxe (Includes a 3D Mesh Cover) - Below 22" Wide	(E2624)	\$564
<input type="checkbox"/>	CGADLX10-20-IC	CG Air Deluxe (Includes an Incontinence Cover) - Below 22" Wide	(E2624)	\$535

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

<input type="checkbox"/>	CGADLX22-24-SC	CG Air Deluxe (Includes a Standard 2-way Stretch Cover) - 22" to 24" Wide	(E2625)	\$510
<input type="checkbox"/>	CGADLX22-24-3D	CG Air Deluxe (Includes a 3D Mesh Cover) - 22" to 24" Wide	(E2625)	\$564
<input type="checkbox"/>	CGADLX22-24-IC	CG Air Deluxe (Includes an Incontinence Cover) - 22" to 24" Wide	(E2625)	\$535

26" + WIDE (Build as per specifications below)

<input type="checkbox"/>	CGADLX26+-SC	CG Air Deluxe (Includes a Standard 2-way Stretch Cover) - 26" Wide or more	(E2625)	\$610
<input type="checkbox"/>	CGADLX26+-3D	CG Air Deluxe (Includes a 3D Mesh Cover) - 26" Wide or more	(E2625)	\$680
<input type="checkbox"/>	CGADLX26+-IC	CG Air Deluxe (Includes an Incontinence Cover) - 26" Wide or more	(E2625)	\$625

REPLACEMENT COVERS

<input type="checkbox"/>	CGASCxxx-x	Standard 2-way Stretch Cover. Specify Dimensions: W _____ " D _____ " H _____ "	(E2619)	\$130
<input type="checkbox"/>	CGA3Dxxx-x	3D Mesh Cover. Specify Dimensions: W _____ " D _____ " H _____ "	(E2619)	\$150
<input type="checkbox"/>	CGAICxxx-x	Incontinence Cover. Specify Dimensions: W _____ " D _____ " H _____ "	(E2619)	\$130

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



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