



OCTOBER 2020

ORDERING INFORMATION: PHONE: (888) 453-0311, FAX: (877) 501-8458, EMAIL: info@amylor.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: Item Code, Description, Part Number, Price. Includes CGA1VSCxxx-x, CGA1V3Dxxx-x, CGA1VICxxx-x.

DUAL (2) VALVE

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

SELECT CELL HEIGHT

Selection options for cell height: 2" (Only available in Single Valve), 3", 4". Includes quantity fields for various sizes like 14" x 14", 16" x 16", etc.

22" to 24" WIDE

SINGLE (1) VALVE

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

DUAL (2) VALVE

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

SELECT CELL HEIGHT

Selection options for cell height: 2" (Only available in Single Valve), 3", 4". Includes quantity fields for various sizes like 22" x 18", 22" x 22", etc.

26" + WIDE

SINGLE (1) VALVE

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

DUAL (2) VALVE

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

SELECT CELL HEIGHT

Selection options for cell height: 2" (Only available in Single Valve), 3", 4". Includes quantity fields for various sizes like 26" x 20", 28" x 20", etc.

REPLACEMENT COMPONENTS

Table with 4 columns: Item Code, Description, Part Number, Price. Includes CGASCxxx-x, CGA3Dxxx-x, CGAICxxx-x, CGAPK3, CGAPK15.

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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 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 COMPONENTS

<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
<input type="checkbox"/>	CGAPK3	CG Air Patch Kit - 3 Patches (Includes alcohol prep pads and adhesive)		\$31
<input type="checkbox"/>	CGAPK15	CG Air Patch Kit - 15 Patches (Includes alcohol prep pads and adhesive)		\$149

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