



NK Medical Products, Inc
 10123 Main St - PO Box 627
 Clarence, NY 14031
 800.274.2742 - 716.759.7200 - Fax 716.759.0700



Replacement OR Pad Order / Quote Request Form

**Your Operating Table
Manufacturer**

Amsco _____
 Skytron _____
 Champagne _____
 Siemens/Maquet _____
 Midmark _____
 Other _____

Your Table Model #

Portion Needed

4 Piece Set _____
 3 Piece Set _____
 2 Piece Set _____

Head _____
 Body _____
 Leg _____
 Other _____

Pad Thickness

2" _____
 3" _____

4" _____
 5" _____

Type of Foam/Cover

Standard _____

Deluxe _____

Softcare _____

**Extras for Deluxe or
Softcare Only**

Welded Seams _____

Gel & Welded Seams _____

Gel _____

Armboards

2" _____
 3" _____

4" _____
 5" _____

Fire Code

CAL 117 _____
 CAL 129 _____
 CAL 603 _____
 Boston _____
 16-CFR-1633 _____

Facility Name: _____	Your Name: _____
Facility Address: _____	Your Department: _____
	Your Phone/Fax: _____
Quantity Needed: _____	Your Email Address: _____

PLEASE SUBMIT FORM:

info@nkmedicalproducts.com or Fax: 716.759.0700

Thank you for the Opportunity!!!