



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



Replacement Stretcher Pad Order / Quote Request Form

**Your Stretcher
Manufacturer**

NK _____
 Stryker _____
 Hausted _____
 Hill-Rom _____
 Midmark _____
 Other _____

Your Stretcher Model #

Pad Dimensions

Length _____ Width _____ Thickness _____

Type of Foam

Standard _____ Deluxe _____ Softcare _____

Type of Cover

Naughahyde _____ Soft _____

Choice of Color

Naughahyde _____	Soft _____
Black (Standard) _____	Black (Standard) _____
Grey _____	Grey _____
Mushroom _____	Bright Green _____
Tea Rose _____	Hunter Green _____
Aqua Green _____	Navy Blue _____
Other _____	Royal Blue _____
	Other _____

**Department Name Stencil:
are Available**

RAD _____
 EMR _____
 OPR _____
 TRA _____
 CAT _____
 PAC _____

Fire Code

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

Corners (Head End)

Angled _____
 Squared _____
 Rounded _____
 Special _____

Corners (Foot End)

Angled _____
 Squared _____
 Rounded _____
 Special _____

Your Facility's Prime Vendor

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!!!