

Custom Mattress Order Form

Thank you for your interest in customising your mattress. Please complete the below steps below by ticking the box for your preference.



Issue Date: 070126
Revision Date: 070126 | V1

Form Information

Full Name: _____ Contact: _____ Date: _____

Base Mattress Model

Model

- Eurocare Zonecare 40 Zonecare 50 Zonecare 80
 Zonecare 300 Zonecare 500 Zonecare Mental Health Zonecare Concave

Custom Mattress

*Disclaimer: Please ensure all measurements provided are accurate and that the mattress size will fit your bed frame. All custom mattresses are made to order, no returns, refunds, exchanges, or alterations can be offered for incorrect measurements or sizing issues.

Mattress Dimensions (mm & kg)

Width: _____ Length: _____
Thickness: _____ Safe Working Load: _____

Foam Surround

Bed Specifications

Bed Model: _____

Bed Platform Width: _____ Bed Platform Length: _____

Mattress Cover required for foam surround (see next page for dimensions) (Untick if not applicable)

Internal Mattress (Minimum Foam Thickness of 15mm)

Mattress Model: _____

Width: _____ Length: _____ Thickness: _____

Mattress Location

- Centered Left (Perspective of lying on mattress) Right (Perspective of lying on mattress)
 3 side surround (advise which sides are required in the notes) 4 side surround

Distance from closest side (if applicable): _____ Overall Required Height: _____

Measure from External Corner of Air Mattress*

Air Supply Position: _____

CPR Position: _____

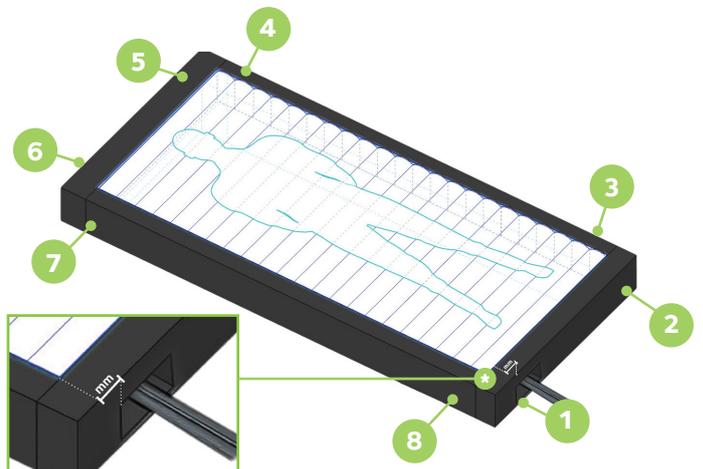
Select locations as per diagram to the right (1 - 8)

Air Supply Measurement: _____

CPR Measurement (if applicable): _____

CPR Outlet Type

- Velcro Zip



*Example: Measurement required from External Corner of Air Mattress

Extras

Foam Bolster

Width: _____ Length: _____ Thickness: _____

Mattress Cover

Dimensions (mm)

Width: _____ Length: _____ Thickness: _____

Zipper Style

Waterproof (Standard)

Waterfall

Closed Seams (Mental Health)

Notes