

HOMECARE BED SCRIPT FORM

Client Name:

Referrer Name: Phone Number:

Email:

Equipment Supplier: Store Contact:

1. Bed Model 2. Bed Size 3. Bed Colour

- IC111
- IC280
- IC333
- IC555
- IC777
- IC100
- Companion
- IC280JNR

- Long Single
- King Single
- Double
- Queen
- Split Queen
- Partner Set-up *

* For Partner Set-up's it is also required to supply the 'Partner Bed Assessment Script Form'.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Onyx | <input type="checkbox"/> Mist |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Royal |
| <input type="checkbox"/> Smoke | <input type="checkbox"/> Noir |
| <input type="checkbox"/> Silver | <input type="checkbox"/> Vinyl Sand |
| <input type="checkbox"/> Vinyl Ebony | <input type="checkbox"/> Vinyl Bison |
| <input type="checkbox"/> Vinyl Dove | <input type="checkbox"/> Vinyl Slate |
| <input type="checkbox"/> Sky | <input type="checkbox"/> Vinyl Kiwi |
| <input type="checkbox"/> Blush | <input type="checkbox"/> Vinyl Scarlett |

4. Bed Corner Design 5. Mattress** 6. HB/FB 7. Over Bed Tables

- CurveX®



- Standard

- ActiveX™ IC15
- ActiveX™ IC20
- ActiveX™ IC25
- ActiveX™ IC30
- Medical M1
- Medical M2
- Medical M3
- VersaFlo3®
- Latex
- IC30JNR

- Headboard
- Footboard
- 3 Button HB
- 3 Button FB
- Amsterdam HB
- Amsterdam FB
- Cologne HB
- Cologne FB
- Karlstead HB
- Karlstead FB

- Charcoal Table Top**
- Bed Table - Low
 - Bed Table - Standard
 - Bed Table - C Shape
- White Ash Table Top**
- Bed Table - Low
 - Bed Table - Standard
 - Bed Table - C Shape
 - Organiser Tray

8. Accessories 9. Assistance Rails 10. Sheets & Protection** 11. Pillow

- Bedside Pouch
- Bedside Table - Left
- Bedside Table - Right
- Bedside Tray - Folding

- U-Assist
 - Bed Stick
 - High Side Rail
 - Low Side Rail
 - Extendable Side Rail
 - Full Length Rail Pair; or,
 - Full Length Rail Right
 - Full Length Rail Left
 - Padded Side Rail Cover
- Specify: _____

- Sheet Set - White
- Sheet Set - Charcoal
- Mattress Protector
- Mattress Cover
- Zerotec Cover
- Pillow Protectors
- Absorbent Bed Pad

- Contour
- Classic
- Curve
- Cloud
- Conform

** Size will be same as bed size selected.

Signature:

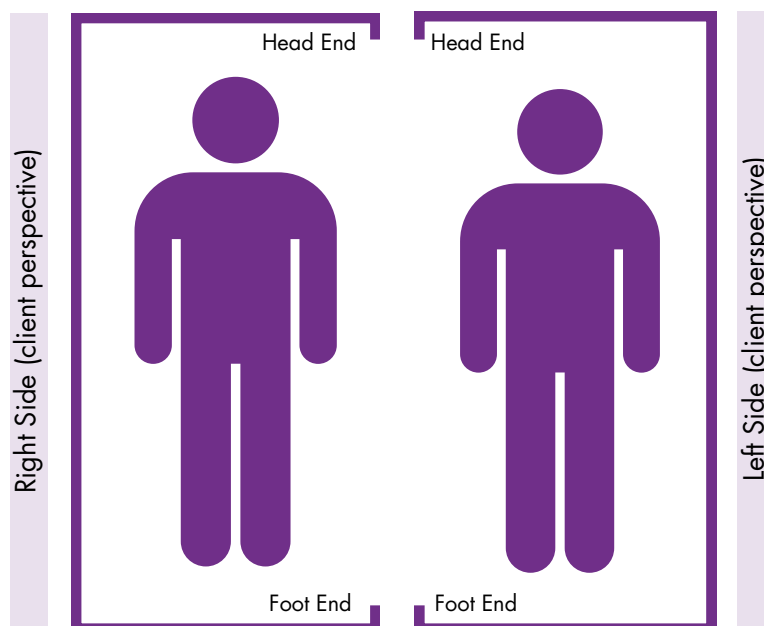
Date:

PARTNER BED ASSESSMENT SCRIPT FORM

IMPORTANT!

1. Please ensure the client's bedroom layout is considered when confirming the sleeping side of the bed users (e.g. access to bathroom, carer access etc.).
2. Any two Icare bed models can be used in a partner set-up.
3. The client must sign the form to confirm they understand and confirm the bed layout before manufacturing process can begin.
4. Please complete all information on this form before submission.
5. Note: When the partner set-up (two beds) are in place, there is NO gap between the mattresses.

Client Name:	<input type="text"/>	Reference:	<input type="text"/> (Must not be left blank):
Referrer Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Email:	<input type="text"/>		
Equipment Supplier:	<input type="text"/>	Store Contact:	<input type="text"/>



Bed Size:	<input type="text"/>	Bed Size:	<input type="text"/>
Bed Model:	<input type="text"/>	Bed Model:	<input type="text"/>
Fabric Colour:	<input type="text"/>	Fabric Colour:	<input type="text"/>

Signature:

Date: