Compartment layout form

Cushion : Vicair Active O2 (OCT)

Size : _____ Thickness:_____

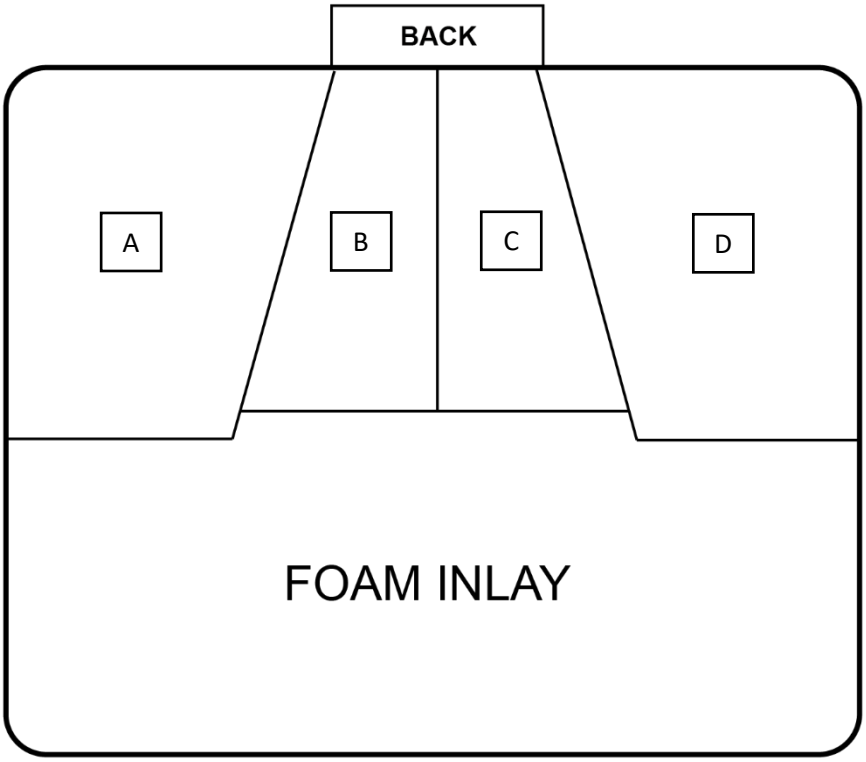
Serial nr. : _____

Name Client : _____

Advisor : _____

Date : _____

Filling grade (number of cells per compartment)*



**This is your adjusted filling grade. The cushion label shows the default filling grade.*

Notes/Comments

Save this form for future reference