HOMECARE BED SCRIPT FORM

Client Name:										
Referrer Name:			Phone N	umber:						
Email:										
Equipment Supplier:		Store Contact:								
1. Bed Model		2. Bed Size	3. E	Bed Colour						
	0 3 5 7	Long Single King Single Double Queen Split Queen Partner Set-up * * For Partner Set-up's it is al required to supply the 'Partner Bed Assessment Script Form	er 🗀	Onyx Stone Smoke Silver Vinyl Ebony Vinyl Dove Sky Blush	Mist Royal Noir Vinyl Sand Vinyl Bison Vinyl Slate Vinyl Kiwi Vinyl Scarlett					
4. Bed Corr	ner Design	5. Mattress**	6. HB/F	В	7. Over Bed Tables					
☐ Curve		ActiveXTM IC15 ActiveXTM IC20 ActiveXTM IC25 ActiveXTM IC30 Medical M1 Medical M2 Medical M3 VersaFlo3® Latex IC30JNR	Foo 3 B 3 B Am: Col Col Kar	adboard utton HB utton FB sterdam HB sterdam FB ogne HB ogne FB lstead HB	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 - Standard Organiser Tray					
8. Accessor	ies	9. Assistance Rails	10.	Sheets & Pro	tection** 11. Pillow					
☐ Bedside	Pouch Table - Left Table - Right Tray - Folding	U-Assist Bed Stick High Side Rail Low Side Rail Extendable Side R Full Length Rail Pa Full Length Rail Rig Full Length Rail Lel Padded Side Rail Specify:	ir; or, ght ft Cover	Sheet Set - W Sheet Set - C Mattress Prot Mattress Cov Zerotec Cove Pillow Protec Absorbent Be	harcoal Classic ector Curve ver Cloud er Conform tors					
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:			Reference: (Must not be				
Referrer Name:			Phone Nur	lumber:			
Email:							
Equipment Supplier:			Store Cont	act:			
Red	es: Right Side (client perspective)	Head End Foot End	Head End Foot End Bed Size:		Left Side (client perspective)		
Bed Model:			Bed Model:				
Fabı	ric Colour:		Fabric Colou	ır:			
Signature:				Date:			

