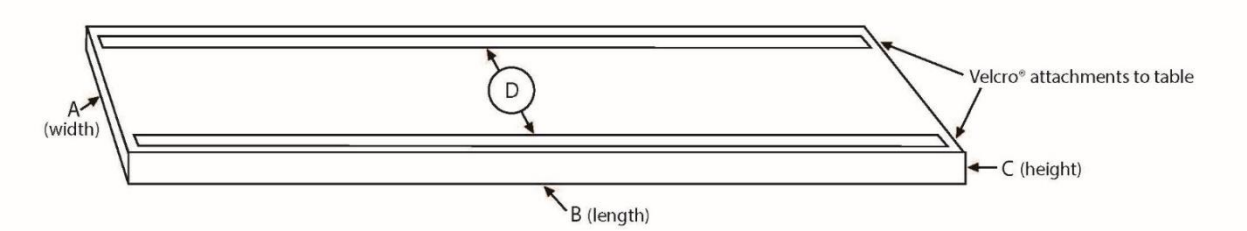
Z&Z Medical, Inc.
Radiology Supplies and Service

1924 Adams Street
Cedar Falls, IA 50613
T 319.266.8944

CUSTOM TABLE PAD TEMPLATE

Facility Name	
Address	
City/State/Zip	
Contact:	
Phone #:	
Email:	

Table Manufacturer	
Model # of Table	



FOAM CHOICE:

- ◯ **Comfort Foam**
- ◯ **Firm Foam**
- ◯ **Memory Foam**
- ◯ **Firm/Memory Foam**

COLOR CHOICE:

- ◯ **4 Way Stretch Blue**
- ◯ **Tan Vinyl**
- ◯ **White Vinyl**
- ◯ **Blue Vinyl**

DIMENSIONS:

- **Table Pad Width: (A) _____inches (up to 19”)**
- **Table Pad Length: (B) _____inches**
- **Table Pad Height: (C) _____inches**
- **Distance between Velcro® strips on bottom of pad: (D) _____inches**
- **Prefers Anti-Slip Backing instead of Velcro® _____Yes _____No**

OTHER INFORMATION:

- **Color of Velcro® on table: White ☐ Black ☐**
- **Width of Velcro® on table: 1” ☐ 2” ☐**
- **Type of Velcro® on table: Loop (soft) ☐ Hook (scratchy) ☐**
- **No Velcro® but Anti Skid Backing instead: Yes _____**

I understand that custom table pads are not returnable. The measurements on this form are accurate.

Signature: _____ Date: _____