

# ICARE PARTNER SET-UPS

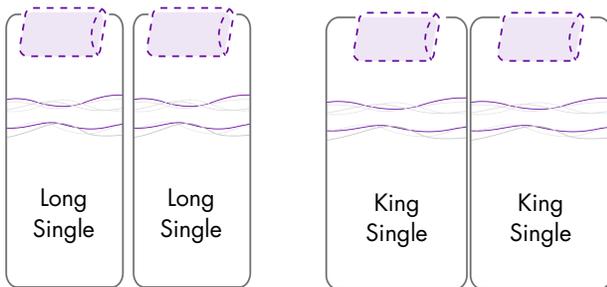
KEEPING PEOPLE TOGETHER

All Icare Beds can be made for couples to sleep side by side with no gap between mattresses. You simply choose in 3 steps.

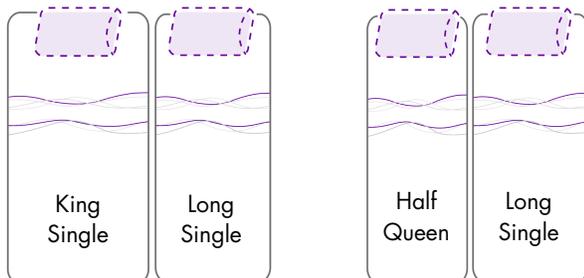
1. Choose which model each partner wants.
2. Choose the bed size (half queen, long single or king single)
3. Choose which side each partner will be sleeping on. This can be filled out on the Icare Partner Bed Assessment Script Form.

Note: Headboards are sold as a separate item and can only be sold to fit each side. You cannot get a one piece headboard for Partner Bed configurations.

## SIDE X SIDE SIZE CONFIGURATIONS:



Note: This makes a king size bed



**PARTNER BED ASSESSMENT SCRIPT FORM** **icare** Medical Group

**IMPORTANT!**

1. Please ensure the client's bedroom layout is considered when confirming the sleeping side of the bed (e.g. access to bathroom, corner access etc.).
2. Any non-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: \_\_\_\_\_  
 Referrer Name: \_\_\_\_\_ Referrer Phone Number: \_\_\_\_\_  
 Referrer Email: \_\_\_\_\_  
 Store Name: \_\_\_\_\_ Store Contact Person: \_\_\_\_\_

Head end | Head end

Head end | Foot end

Bed Size: \_\_\_\_\_ Bed Size: \_\_\_\_\_  
 Bed Model: \_\_\_\_\_ Bed Model: \_\_\_\_\_  
 Fabric Colour: \_\_\_\_\_ Fabric Colour: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form with the purchase order to: [info@sleepsystems.com.au](mailto:info@sleepsystems.com.au)

This form can be completed using our online form, or scanned in using PDF document.



**KEY FEATURES**



Centre rails are upholstered and recessed.



Side x side configurations.



No gap between the mattresses



Separate headboards for each bed.

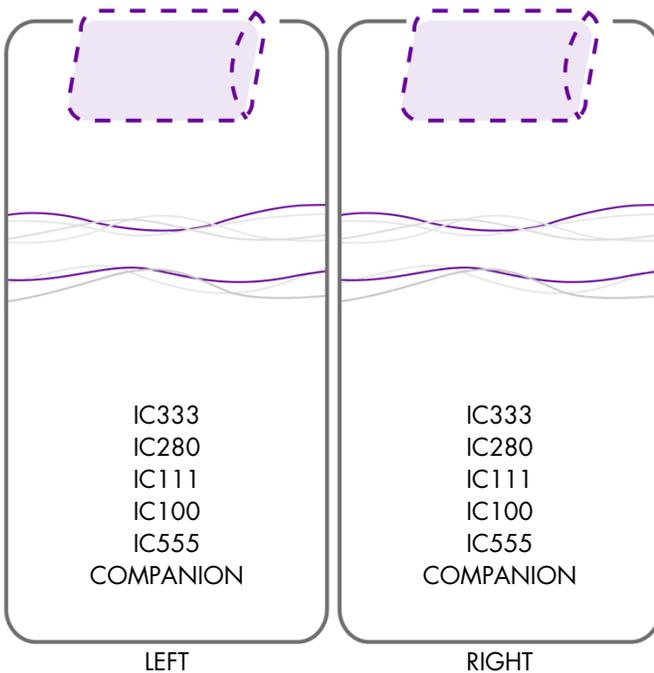


Mix and match bed models.



Left or right side sleeping preferences.

**MODEL CONFIGURATION OPTIONS:**



- No gap between the mattresses
- Fully upholstered surround
- Separate headboards
- Compatible with all side rails and accessories



# BED PACKAGE SCRIPT FORM

Client Name:

Referrer Name:

Phone Number:

Email:

Equipment Supplier:

Store Contact:

## 1. Select Bed Model

- IC333
- IC280
- IC111
- IC100
- Companion
- IC555

## 2. Select Bed Size

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

## 3. Select Bed Colour

- Onyx
- Stone
- Smoke
- Silver
- Vinyl Ebony
- Vinyl Dove

## 4. Select Mattress \*\*

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

## 5. Accessories

- Headboard
- Footboard
- Bedside Pouch
- Bed Table - Low
- Bed Table - Standard
- Bed Table - C Shape
- Organiser Tray
- Bedside Table - Left
- Bedside Table - Right
- Bedside Tray - Folding

## 6. Select Assistance Rails

- 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

## 7. Sheets & Protection \*\*

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

## 8. Pillow

- Conform
- Contour
- Classic
- Curve
- Cloud

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

\*\* Size will be same as bed size selected.

Signature:

Date:

# PARTNER BED ASSESSMENT SCRIPT FORM

## IMPORTANT!

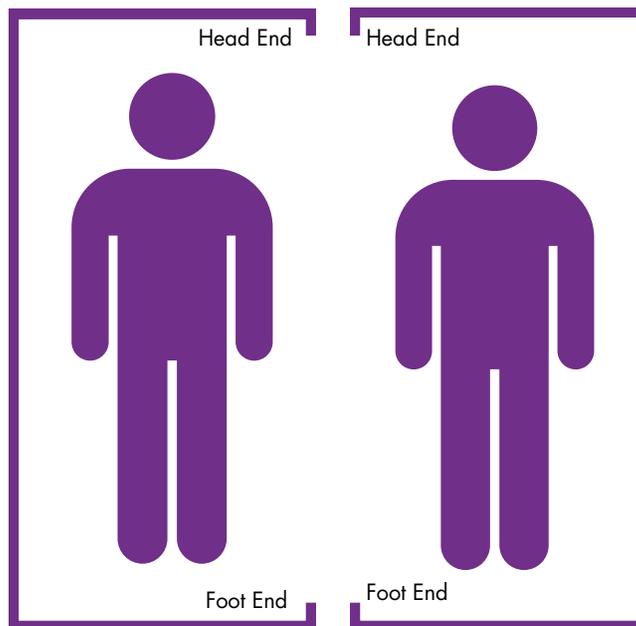
1. Please ensure the client's bedroom layout is considered when confirming the sleeping side of the bed users (e.g. access to bathroom, carer access etc.).
2. Any two Icare bed models can be used in a partner set-up.
3. The client must sign the form to confirm they understand and confirm the bed layout 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:  Reference:  (Must not be left blank):

Referrer Name:  Phone Number:

Email:

Equipment Supplier:  Store Contact:



Bed Size:  Bed Size:

Bed Model:  Bed Model:

Fabric Colour:  Fabric Colour:

Signature:

Date: