

Replacement Upholstery Order Form

Doctors: Please forward this form to your authorized A-dec dealer.

Dealers: Please forward this form to A-dec Customer Service.

Order Information

1) Clinic/Doctor name: _____

2) Please check your A-dec dental chair or stool model number:

A-dec 511

☐ White

☐ Surf

A-dec 411

☐ Knob-Style Headrest

☐ Lever-Style Headrest

A-dec 311 version B

☐ Dual-Articulating Headrest

A-dec 311 version A

☐ Dual-Articulating Headrest

☐ Adjustable Neck Support

A-dec 211

☐ Dual-Articulating Headrest

Performer III

☐ Contoured Back

Cascade/Decade/Decade Plus

☐ Cascade 1040*

☐ Decade 1021*/1011

☐ Decade Plus 1221

Doctor's Stools

☐ A-dec 521

☐ A-dec 421/1601 Contoured

Assistant's Stool

☐ A-dec 522

☐ A-dec 422/1622 Contoured Round

☐ 1621 Contoured

☐ 1626 Contoured

*Dual-articulating headrest mechanism may also need to be purchased. Please contact A-dec Customer Service for more information.

3) Chair/stool serial number: _____

4) Upholstery color choice: _____

5) Number of upholstery sets: _____

Dealer Information

Order Date: _____

Dealer name: _____

Purchase Order number: _____

Reference/Doctor name: _____

Additional comments: