

# Verification Sheet Overbed Tables



**1a. Material:**

☐ **Laminate (L)**

☐ **Thermofoil (T) (with Spillguard)**

**1b. Finish Selection:**

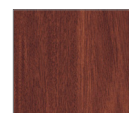
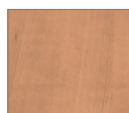
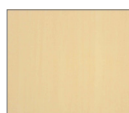
Hard Rock Maple  
(HM)

Candlelight  
(CL)

Medium Oak  
(MO)

Medium Cherry  
(MC)

Chocolate Pear  
(CP)



☐ Custom (XX): \_\_\_\_\_

**2. Quantity  
Required:**

\_\_\_\_\_

**3a. Flip Surface:**

☐ YES ☐ NO



One-Handed Flip Up  
Secondary Surface

**3b. If Yes, please select one (1) of the following options:**

Flat Surface



Dual Cupholders  
(Thermofoil only)



Spillguard  
(Thermofoil only)



**4a. Base Option:**

C Base (C)



U Base (U)

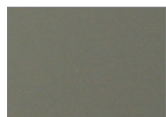


H Base (H)

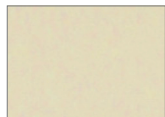


**4b. Base Color:**

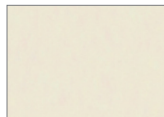
Graphite Grey (G)



Nevada (N)



Almond (A)



☐ Custom Color (X): \_\_\_\_\_

**5. Accessories:**

☐ No Accessories

☐ Vanity Drawer  
and Mirror



☐ Urinal Hook



☐ Storage Basket  
(10 x 6 x 9)



☐ Other: \_\_\_\_\_

**Please Note:** Amico cannot begin production until this form is completed, signed and returned. (Email: [apc-csr@amico.com](mailto:apc-csr@amico.com))

Facility Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_