



Crest Pillow Speaker Sample Worksheet

To request your free Excel Pillow Speaker sample, simply fill out the following form and return to Crest by email at customerservice@cresthealthcare.com or by fax at **1-800-369-9207**. If you have questions or need assistance filling out this form please contact Technical Support at 1-800-328-8908.

DATE: _____ COMPLETED BY: _____ ACCOUNT #: _____

FACILITY NAME: _____ PHONE NUMBER: _____

CONTACT NAME: _____ TITLE: _____

ADDRESS (Ship-to): _____

CITY STATE ZIP _____

Current Pillow Speaker Part # (if available): _____

Nurse Call System: _____ Plug Style: _____

Number of beds: _____

DESIRED FUNCTIONS ON NEW PILLOW SPEAKER (Mark appropriate boxes below):

Pillow Speaker Style:	(circle one if known)	EXCEL DIGITAL	EXCEL ENTERTAINIR	EXCEL LT	OTHER				
Channel Control:	(circle one)	10-KEY DIRECT	CHANNEL UP/DN	TV (1 BTTN SCROLL)	NONE				
Media Control:	(circle all that apply)	DVD	VCR	SET TOP BOX	OTHER: _____				
Media Player Info:	Model # (if known): _____	Brand: _____							
Volume Control:	(circle one)	MECHANICAL (POT)	ELECTRONIC						
Upper Overlay Features:	NONE	Nurse, Nurse	Nurse, 1 Light	Nurse, 2 Lights	Nurse, 1 Light, Radio	Nurse, 2 Lights, Radio	Nurse, 3 Lights	Nurse, Radio	Nurse, 4 Lights
TV Brand & Model:	Model # (if known): _____	LG/Zenith	PDI	RCA	OTHER: _____				
Is TV Hospital Grade?	(circle one)	YES	NO						
Is TV under 12 years old?	(circle one)	YES	NO						

CUSTOMER COMMENTS:

FOR CREST USE ONLY:

Excel Part No. Assigned: _____

Sample Order Number: _____

Notes: _____