

CUSTOMER INSTRUCTIONS

White/Top Section:

Fill in the first 5 fields
(marked with *)

Blue/Bottom Section:

Input the number of
individual mobi products
(marked with *)

Cost Per Day*



Length Per Stay*

Number of Beds*



Percent of
Occupancy* (Annually)

Average Number
of Patients*



Annual Patient
Care Cost

Enter the number of mobi units for your facility

MOBIKIDZ*

MOBIGO*

MOBILITE*

MOBI INVESTMENT

List Price

SAVINGS DUE TO REDUCTION IN LENGTH OF STAY

25% - 30%

ANNUAL SAVINGS

* Assumes active use of mobi-Products throughout the patient stay. Savings do not include significant improvement in Nurse efficiency, reduction in Nurse injury, and savings due to the reduction in Secondary Infections.