

FRONTAL APRON ORDER FORM

Please fill out this form in its entirety to ensure the proper product is ordered.

CUSTOMER NAME (Please Print Clearly) _____

CLINT CUSTOMER # _____

(Please indicate choices below with an "X" in the appropriate box. A quantity may be entered when ordering 2 or more)

Frontal Apron

WOMEN'S APRON / \$ _____ X SMALL (#5304010) SMALL (#5304011) MEDIUM (#5304012) LARGE (#5304013) X LARGE (#5304014) XX LARGE (#5304015)

MEN'S APRON / \$ _____ SMALL (#5304031) MEDIUM (#5304032) LARGE (#5304033) X LARGE (#5304034) XX LARGE (#5304035)

Protection Level: 0.25 (Lighter) 0.35 0.5 (Heavier)

Colors: NAPA RED (#513) PINK (#504) BLACK (#114) GRASS GREEN (#512) NAVY BLUE (#505) JEWELRY BLUE (#514) PURPLE (#510)

Chest Size in Inches: _____ Waist Size in Inches: _____

Special Sizing Instructions: _____

EXTRAS: Support Belt / \$ _____ (#5301701) Shoulder Strap / \$ _____ (#5305995)

Monogramming

CUSTOM MONOGRAMMING (Available on all radiation protective apparel.)

\$ _____ Per Line • 17 Characters Per Line (including punctuation) • 2 Lines Maximum • White Only

SELECT: "Block" (#5305997) (or) "Script" (#5305998)

INSTRUCTIONS: Please PRINT CLEARLY exactly how you would like your Name / Title to appear in the boxes provided below. Please include punctuation marks and clearly indicate upper / lower case as shown in the example. Monogram to be located above left pocket of vest or apron, and lower/left side of skirt.

EXAMPLE

J	o	h	n	S	m	i	t	h	M	D						
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NO RETURNS ON RADIATION PROTECTION APPAREL.

LINE 1:

LINE 2 (Opt):

The undersigned customer is verifying that all of the information on this form is true and correct and that any errors made on this form are the sole responsibility of the customer. The undersigned also acknowledges and understands that all **AccuShield Radiation Protection products are non-returnable.**

SIGNATURE: _____ DATE: _____

Fax form to 800.341.6440 (or) Scan / email to customer-care@clintpharmaceuticals.com • Please call with any questions - 800.677.5022

CPI Office Use Only

PO#: _____ C: _____

Submission Date: _____ Emp. & Date Received: _____

Emp. & Date Entered: _____ Emp. Ver. & Date: _____