

ACCESSORY 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)

Accessories

PROTECTIVE GLOVES (Available only in Black):

LIGHT / \$ _____ 6.5 (#5307065) 7.0 (#5307070) 7.5 (#5307075) 8.0 (#5307080) 8.5 (#5307085) 9.0 (#5307090)

MEDIUM / \$ _____ 6.5 (#5307165) 7.0 (#5307170) 7.5 (#5307175) 8.0 (#5307180) 8.5 (#5307185) 9.0 (#5307190)

APRON CLEANER: Each / \$ _____ (#5300200) Case of 12 / \$ _____ (#5300200)

APRON BAG: Each / \$ _____ (#5300400)

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

Collars & Caps

THYROID COLLAR: STANDARD / \$ _____ (#5306001) PREMIUM / \$ _____ (#5306002)
Black only *Select color*

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)

CAP (w/ Elastic Back):

SM. 21" / \$ _____ (#5300101) MED. 22" / \$ _____ (#5300102) LG. 23" / \$ _____ (#5300103)

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)

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 customercare@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: _____