AccuSHIELD By Clint Pharmaceuticals™

Radiation Protection

FULL WRAP 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)

Full Wrap

WOMEN'S WRAP / $ _____ ☐ **X SMALL** (#5303010) ☐ **SMALL** (#5303011) ☐ **MEDIUM** (#5303012) ☐ **LARGE** (#5303013) ☐ **X LARGE** (#5303014) ☐ **XX LARGE** (#5303015)

MEN'S WRAP / $ _____ ☐ **SMALL** (#5303031) ☐ **MEDIUM** (#5303032) ☐ **LARGE** (#5303033) ☐ **X LARGE** (#5303034) ☐ **XX LARGE** (#5303035)

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. Write one letter in each block below, including punctuation marks and spaces in separate blocks, clearly indicating upper / lower case as shown below. 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					

NO RETURNS ON RADIATION PROTECTION APPAREL.

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:** _____