



BLOXR

Radiation Protection Shields

Custom Garments are NOT returnable.

Call 855-256-9729, visit www.bloxr.com or email order@bloxr.com.

CUSTOM ORDERS ONLY

Bill To Address:

Sales Rep Name:	Order#:
Facility:	PO#:
Contact Name:	
Contact Phone:	
Contact Email:	

Ship to Address: include specifics such as Rm #, Dept, etc.

Person wearing garment: Female Male

Garment: Vest Vest with Elastic Back Skirt Frontal Apron Frontal Apron with Elastic Back (EB) Frontal Apron with CLOSED Elastic Back Drop Apron Wrap Apron

Color: Tied on Skin, size: _____ Tied on Garment, size: _____ Areas of concern: _____ Photos shared by email

Thyroid Collar High Neck Thyroid Collar Color: _____ Tether _____ Standard closure (velcro) _____ Cap Color: _____ Bra _____ Black: _____ Pink: _____ Size: _____ Inserts Size: _____

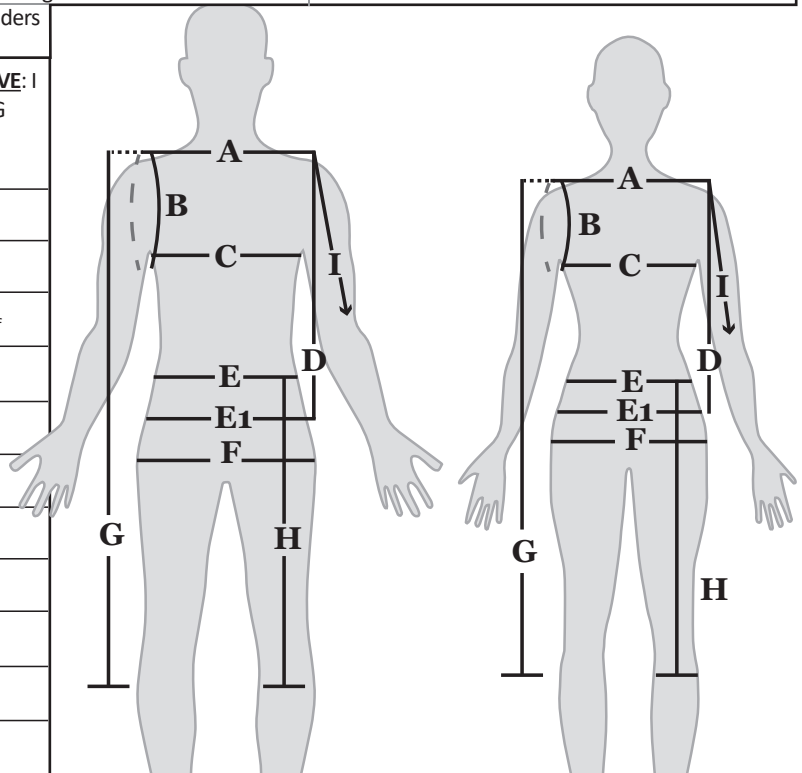
OPTIONS: Dosimeter Pocket location: _____ 6" Elastic Support Belt (not for elastic-backed items) _____ velcro sewn on Other binding edge color: _____

Sleeve Right Sleeve Left Length: _____ Velcro _____ Sewn on _____ Snaps Cap Sleeve Right Cap Sleeve Left Quick release drop shoulder 600010 Back shoulder Strap 600011 _____ right _____ left

For Skirts only: Anti-slip Backing 600006 Inner Lumbar Elastic Band 600014 Suspenders 100114

**** REQUIRED ****
**** MEASUREMENTS ****
VEST: A, B, C, D, E1 **SKIRT:** E, F, H **SLEEVE:** I
FRONTAL & FRONTAL with EB: A, B, C, F, G
FRONTAL with CLOSED EB: A, B, C, E, G
DROP & WRAP APRONS: A, B, C, F, G

Required for	Measurement & unit of measure	
All	ft in	Person's Height
A	<input type="checkbox"/> in <input type="checkbox"/> cm	Shoulders across back (align with armpit creases)
B	<input type="checkbox"/> in <input type="checkbox"/> cm	Armhole circumference (top of shoulder in front, to 1" below armpit, to top of shoulder in back)
C	<input type="checkbox"/> in <input type="checkbox"/> cm	Chest/Bust (measure at largest point)
D	<input type="checkbox"/> in <input type="checkbox"/> cm	Vest length (top of shoulder to 4" below waist)
E	<input type="checkbox"/> in <input type="checkbox"/> cm	Waist (belt area)
E1	<input type="checkbox"/> in <input type="checkbox"/> cm	Low Waist (between belt area and hips, approx. 4" below waist)
F	<input type="checkbox"/> in <input type="checkbox"/> cm	Hips (largest point across the backside)
G	<input type="checkbox"/> in <input type="checkbox"/> cm	Apron length (top of shoulder to 1" below center of knee)
H	<input type="checkbox"/> in <input type="checkbox"/> cm	Skirt length (waist to 1" below center of knee)
I	<input type="checkbox"/> in <input type="checkbox"/> cm	Sleeve length (top of shoulder to desired length on arm)



Other comments (attach photo, sketch or another sheet if necessary):

Complete this section if embroidery is desired:

First line text: _____

Second line text: _____

Position: _____

Optional - Choose embroidery style A, B, C or D

A. Script on Patch Velcro Sewn

B. Block Type on Patch Velcro Sewn

C. Direct Script

D. Direct Block Type

Ron P. Jones, MD Radiology Ron P. Jones, MD Radiology *Ron P. Jones, MD Radiology* Ron P. Jones, MD Radiology

Patch not available on caps or collars

Add logo (eps file required), position: _____

Customer is responsible for receiving permission to use copyrighted logos.

Contact us for complete terms and conditions of sale.