BLOXR

Radiation Protection Shields

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

Custom Garments are NOT returnable.

CUSTOM ORDERS ONLY

Bill To Address:

Sales Rep Name: | Order#:

Facility: | PO#:

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

Contact Name:

Contact Phone:

Contact Email:

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:

☐ Tried on Skin, size:_____ ☐ Tried on Garment, size:_____ Areas of concern:_____ ☐ Photos shared by email

☐ Thyroid Collar ☐ High Neck Thyroid Collar | Color:_____ Size:_____ | Tether ____ Standard closure (velcro) ____ Magnet ____ Clip | ☐ Cap Color:_____ Size:_____ | ☐ Bra Inserts Black:__ Pink:__ Size:_____

OPTIONS: ☐ Dosimeter Pocket location:_____ ☐ 6" Elastic Support Belt (not for elastic-backed items) ____velcro ____sewn on ☐ Other binding edge color:_____ | For Standard Elastic-Back Aprons only (not closed): ☐ Quick release drop shoulder 600010 ____right ____left ☐ Back shoulder Strap 600011

☐ Sleeve Right ☐ Sleeve Left Length:_____ ____Velcro ____Sewn on ____Snaps | ☐ Cap Sleeve Right ☐ Cap Sleeve 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	Vest Apron	☐ in ☐ cm	Shoulders across back (align with armpit creases)
B	Vest Apron	☐ in ☐ cm	Armhole circumference (top of shoulder in front, to 1" below armpit, to top of shoulder in back)
C	Vest Apron	☐ in ☐ cm	Chest/Bust circumference (measure at largest point)
D	Vest	☐ in ☐ cm	Vest length (top of shoulder to 4" below waist)
E	Skirt & Closed EB	☐ in ☐ cm	Waist circumference (belt area)
E1	Vest	☐ in ☐ cm	Low Waist circumference (between belt area and hips, approx. 4" below waist)
F	Skirt Apron	☐ in ☐ cm	Hips circumference (largest point across the backside)
G	Apron	☐ in ☐ cm	Apron length (top of shoulder to 1" below center of knee)
H	Skirt	☐ in ☐ cm	Skirt length (waist to 1" below center of knee)
I	Sleeve	☐ in ☐ cm	Sleeve length (top of shoulder to desired length on arm)
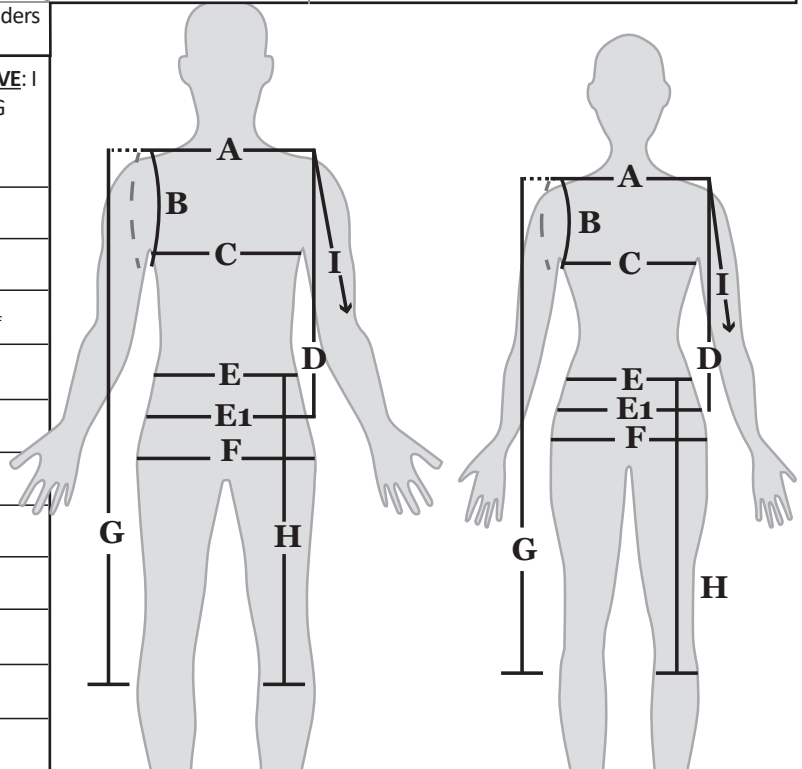
Other comments (attach photo, sketch or another sheet if necessary); include any observations made while customer tried on skins/demo garment:

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
Ron P. Jones, MD Radiology

☐ **B.** Block Type on Patch ☐ Velcro ☐ Sewn
Ron P. Jones, MD Radiology

☐ **C.** Direct Script
Ron P. Jones, MD Radiology

☐ **D.** Direct Block Type
Ron P. Jones, MD Radiology

Contact us for complete terms and conditions of sale.

☐ Add logo (png, jpg, vector, EPS file), position:_____
Customer is responsible for receiving permission to use copyrighted logos.

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