



# Personalized or Perfect Fit™ Apron and Thyroid Shield Order Form

Facility Name \_\_\_\_\_ Cust. # \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Payment Type  PO # \_\_\_\_\_  MasterCard  VISA  AMEX  Discover Card # \_\_\_\_\_

Check Enclosed Cardholder's Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Ordered by (your name) \_\_\_\_\_

Ordered for (user & dept.) \_\_\_\_\_

**Note:** Personalized and Perfect Fit Aprons and Thyroid Shields are not returnable.

Please use a separate form for each apron ordered. (Vest and Kilt are considered one.)

	Apron	Thyroid Shield
<b>Item #</b>	Apron # _____ Vest # _____ Kilt # _____	<input type="checkbox"/> Unattached # _____ <input type="checkbox"/> Attached (no item number needed)
<b>Product</b>	Style _____ <input type="checkbox"/> Ultralight Lead-Free <input type="checkbox"/> Lead-Free <input type="checkbox"/> Lightweight Lead <input type="checkbox"/> Standard Lead	Style _____ <input type="checkbox"/> Ultralight Lead-Free <input type="checkbox"/> Lead-Free <input type="checkbox"/> Lightweight Lead <input type="checkbox"/> Standard Lead
<b>Color</b>	Color # _____ Color Name _____	Color # _____ Color Name _____
<b>Sizing</b>	Vest/Reverse Vest <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Perfect Fit Kilt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Perfect Fit Coat <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Perfect Fit All other aprons <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL* <input type="checkbox"/> Perfect Fit	
	} <b>For Perfect Fit</b> Complete sizing chart on back →	
	*XXL not available on Vest/Kilt, Reverse Vest/Kilt, and Coat aprons. Use Perfect Fit sizing on the next page.	
<b>Monogram (\$15.00 ea)</b> Name, department, initials, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lettering Style</b>	<input type="checkbox"/> Block <input type="checkbox"/> ALL CAPS <input type="checkbox"/> Script	<input type="checkbox"/> Block <input type="checkbox"/> ALL CAPS <input type="checkbox"/> Script
<b>Monogram: Line 1</b> Please print clearly.	Max 16 characters, including spaces and punctuation.	Max 10 characters including spaces and punctuation.
<b>Monogram: Line 2</b> Please print clearly.	Max 16 characters, including spaces and punctuation.	N/A

Order Form continued on back

## Perfect Fit™ Sizing—for tailored aprons

When being measured, stand tall with arms down and feet together.

**Front Protection Aprons**

Measure from sternal notch (center of neckline) to hem.

**Front Protection Apron Measurements**

- Quick Drop Basic, Quick Drop Adjustable, Back Aid, Tie Apron, Weight Reliever, and Flex Weight Reliever aprons
- Measure length of apron from the sternal notch (center of neckline) to the hem (suggest 1" above the knee). Adjust according to personal preference.
- Measure chest, waist, and hips. **Record here:**

Chest \_\_\_\_\_

Waist \_\_\_\_\_

Hips \_\_\_\_\_

Length \_\_\_\_\_

**Vest/Reverse Vest and Kilt**

**Vest/Reverse Vest**

Measure from top of shoulder to top of kilt. 3" will be added for overlap.

**Kilt**

Measure from top of kilt to hem.

**Vest/Reverse Vest and Kilt Measurements**

- Try to find a kilt for comparison. Put it on where you want the top of the kilt to be. This may or may not be your natural waist. Measure from top of shoulder to top of kilt, following contours of the body (over chest). You will be prompted to add 3" so vest overlaps kilt. Measure from top of kilt to hem (typically 1" above knee). Adjust to personal preference.
- Measure chest, waist, and hips. **Record here:**

Chest \_\_\_\_\_

Measured Vest Length \_\_\_\_\_

Vest overlap + 3" \_\_\_\_\_

Waist \_\_\_\_\_

Hips \_\_\_\_\_

Total Vest Length \_\_\_\_\_ Kilt Length \_\_\_\_\_

**Coat Apron**

Measure from top of shoulder to hem.

**Coat Apron Measurements**

- Measure length of apron from top of shoulder to hem (suggest 1" above the knee). Be sure to follow the contour of the body (over chest). If you want your hem longer or shorter, adjust accordingly.
- Measure chest, waist, and hips. **Record here:**

Chest \_\_\_\_\_

Waist \_\_\_\_\_

Hips \_\_\_\_\_

Length \_\_\_\_\_

Questions? Call 888.625.4633

Fax completed two-page order form to 800.437.2966.

Additional forms available at [AliMed.com/radiation](http://AliMed.com/radiation)

**Notes**

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\_\_\_\_\_

Item	Price
Apron	\$ _____
Thyroid Shield	_____
Monogram (\$15.00 ea)	_____
Sales Tax*	_____
Shipping (Please allow 15 business days for shipment.)	_____
<b>Total</b>	<b>\$ _____</b>

Sales are not final until approved by AliMed.

\*Tax applies to all orders shipped in MA, MI, SC, SD, and WA. If you are tax-exempt, please forward a copy of your tax-exempt or resale certificate. If your facility is not in MA, MI, SC, SD, or WA please submit any use tax directly to your state.

**Note:** Personalized and Perfect Fit Aprons and Thyroid Shields are not returnable.

AliMed use only: # \_\_\_\_\_