

**ORDER SPECIFICATION FORM**

|  |  |
| --- | --- |
| **CUSTOMER INFORMATION****(Please Print)** | **REPRESENTATIVE INFORMATION** |
| NAME |  | PREPARED BY: |
| HEALTH SYSTEM / PRACTICE NAME |  | EMAIL: |
| PHONE |  |  PHONE: |
| EMAIL |  | VERIFIED MEASUREMENTS: Y [ ]  N[ ]  |
| SHIPPING ADDRESS |  | DATE: |
| KEY CONTACT INFO |  |  |

|  |
| --- |
| **STEP 1: PLEASE SELECT THE PREFERRED SYSTEM** |
| **G-LIFT (with Endoskeleton)** | **OR** | **SALUS (without Endoskeleton)** |
| [ ]  APRON (ONE PIECE) [ ]  VEST / KILT (TWO PIECE)[ ]  ONE F[ ]  ONE S[ ]  ENDOSKELETON ONLY **(no need to select core materials)** | [ ]  APRON (ONE PIECE) [ ]  VEST / KILT (TWO PIECE)[ ]  VEST |

|  |
| --- |
| **STEP 2: PLEASE SELECT LEAD CORE MATERIAL**  |
| **BI-LAYER LEAD FREE** | **OR** | **LIGHTWEIGHT LEAD** |
| **FRONT** | **REAR** | **FRONT** | **REAR** |
| [ ]  .25[ ]  .35[ ]  .50 | [ ]  .25[ ]  .35[ ]  .50 | [ ]  .25[ ]  .35[ ]  .50 | [ ]  .25[ ]  .35[ ]  .50 |

|  |
| --- |
| **STEP 3: PLEASE SELECT THYROID SHIELD AND SLEEVE SPECIFICATIONS** |
| THYROID [ ]  N [ ]  Y | SLEEVE [ ]  N [ ]  Y |
| THYROID SPEC (if yes)[ ]  .25[ ]  .35[ ]  .50 |

|  |
| --- |
| **STEP 3: PLEASE SELECT MAIN BODY COLOR AND TRIM COLOR** |
| **MAIN BODY COLOR** | **TRIM COLOR** |
| [ ]  BLACK [ ]  GREEN [ ]  PINK[ ]  NAVY [ ]  CITRUS [ ]  PLUM[ ]  GREY [ ]  TURQUOISE [ ]  RED[ ]  WINE [ ]  ROYAL [ ]  ORANGE | [ ] BLACK [ ]  GLIFT GRN[ ] GREY[ ] NAVY[ ] GREEN |

|  |
| --- |
| **ARTWORK** |
| **POCKET TEXT:** N [ ]  Y [ ]  IF YES, PROVIDE NAME OR INITIALS:  |
| **THYROID TEXT:** N [ ]  Y [ ]  IF YES, PROVIDE NAME OR INITIALS: |
| **POCKET ART:** N [ ]  Y [ ]  IF YES, PROVIDE A HIGH QUALITY IMAGE TO YOUR SALES REPRESENTATIVE  |

|  |
| --- |
| **MEASUREMENTS** |
| **HEIGHT** |  |
| **WEIGHT** |  |
| **CHEST CIRCUMFERENCE** |  |
| **WAIST CIRCUMFERENCE (AT TOP OF ILIAC CREST)** |  |
| **TOP OF ILIAC CREST TO TOP OF KNEECAPS** |  |
| **NECK CIRCUMFRENCE** |  |

|  |
| --- |
| **TERMS AND CONDITIONS** |
| We are not responsible for incorrect sizes or customization details provided by the customer. By placing an order for customized items, you acknowledge that you have reviewed and approved all customization details. Any changes or corrections must be communicated to us within 24 hours of placing the order. After this period, we cannot guarantee that changes can be made. We accept returns and exchanges within 5 days of delivery for items that are in their original condition. Custom or personalized items are non-returnable.  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CUSTOMER SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE |

Upon completion, please send orders and necessary artwork files to: **ORDERS@THEGLIFT.COM**

**SALUS SCIENTIFIC**

**475 Jessen Lane Suite 500**

**Charleston SC 29464**

**888-765-0570**