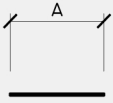


CLINIC NAME: _____ POSTAL CODE: _____

CUBICLE CURTAIN & TRACK INFORMATION SHEET

ONE

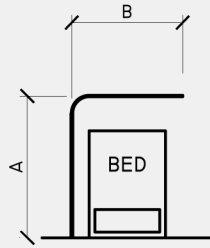


TRACK LENGTH A: _____ INCHES

FLOOR TO CEILING: _____ INCHES

QUANTITY: _____

TWO



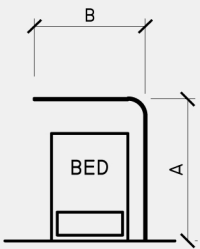
TRACK LENGTH A: _____ INCHES

TRACK LENGTH B: _____ INCHES

FLOOR TO CEILING: _____ INCHES

QUANTITY: _____

THREE



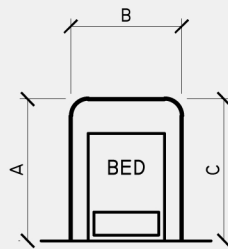
TRACK LENGTH A: _____ INCHES

TRACK LENGTH B: _____ INCHES

FLOOR TO CEILING: _____ INCHES

QUANTITY: _____

FOUR



TRACK LENGTH A: _____ INCHES

TRACK LENGTH B: _____ INCHES

TRACK LENGTH C: _____ INCHES

FLOOR TO CEILING: _____ INCHES

QUANTITY: _____

OPTIONS:

PLEASE CHECK ONE BOX ONLY IN EACH SECTION

10% FULLNESS 15% FULLNESS 20% FULLNESS

MESH YES NO

BUTTON HOLES GROMMETS

FABRIC CHOICE: _____

INCHES OFF THE FLOOR: (12" Standard): _____ OTHER: _____

COMMENTS: _____

Please send back to katherine@orthocanada.com

1.800.561.0310 x1711