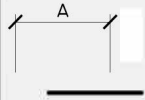


CLINIC NAME: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

## CUBICLE CURTAIN INFORMATION SHEET

ONE

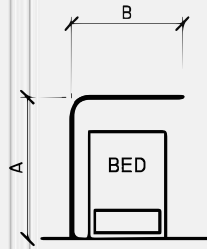


TRACK LENGTH A: \_\_\_\_\_ INCHES

FLOOR TO CEILING: \_\_\_\_\_ INCHES

QUANTITY: \_\_\_\_\_

TWO



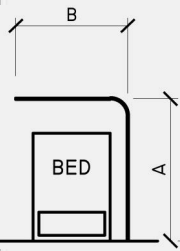
TRACK LENGTH A: \_\_\_\_\_ INCHES

TRACK LENGTH B: \_\_\_\_\_ INCHES

FLOOR TO CEILING: \_\_\_\_\_ INCHES

QUANTITY: \_\_\_\_\_

THREE



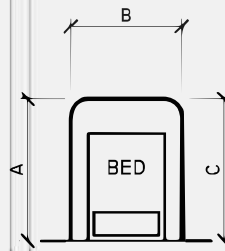
TRACK LENGTH A: \_\_\_\_\_ INCHES

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

GROMMETS

FABRIC CHOICE: \_\_\_\_\_

INCHES OFF THE FLOOR: (12" Standard):  OTHER: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send back to [karen.wright@orthocanada.com](mailto:karen.wright@orthocanada.com)

1.800.561.0310 x1719