

MEASUREMENT GUIDE

Date: _____

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

P.O.# _____ Quantity: _____ Shower Head

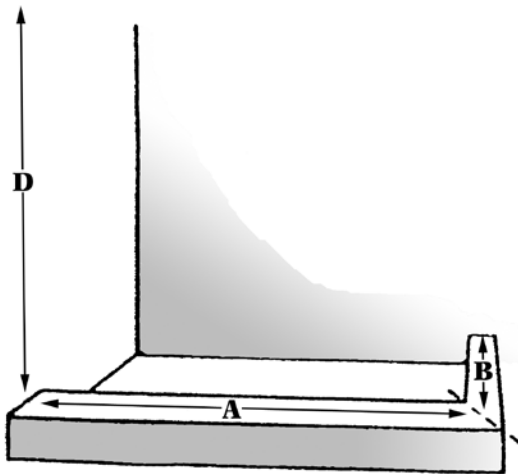
Metal Color: _____ Glass Color: _____

Return Panel Extras: _____

Slider Stall Shower with 90° Return Panel
(Circle the title corresponding to the unit you are measuring.)

UNIT LEFT

UNIT RIGHT



Signature

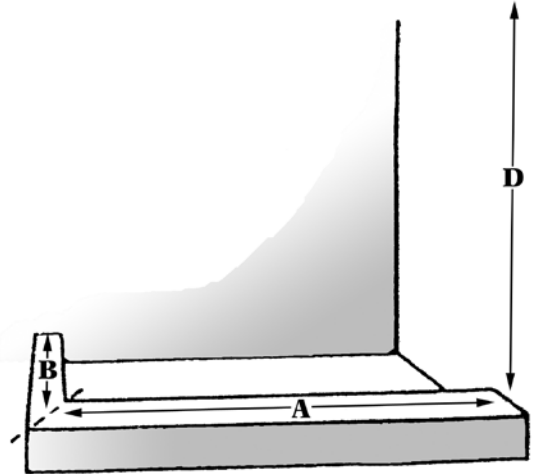
A

B

D STD. 57 7/8" *
 STD. 70 7/8" **

D SPEC. _____"

* STD. 57 7/8" Tub Height *
** STD. 70 7/8" Shower Height**



(Sliding doors will be on side opposite of return panel.)

PHONE
1-800-842-3205

GLASS*Source*

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