



Health Care Interiors

WINDOW TREATMENT SPECIFICATION

DESIGNER:

CLIENT:

(address)
(city, state)
(contact)
(phone)
(job sup)

Date Needed By:

)

Additional Info:

INSTALLATION

Y N

Today's Date:

AREA:

QTY:	SIZE(S): W x H	GENERAL DESCRIPTION:
		Reference:

FURTHER DETAIL:

-
-
-
-
-

FABRIC(S):

MAIN FABRIC MANUFACTURER: PATTERN NO: PATTERN NAME: COLOR NAME: WIDTH: REPEAT: ADDITIONAL INFO:	MANUFACTURER: PATTERN NO: PATTERN NAME: COLOR NAME: WIDTH: REPEAT: ADDITIONAL INFO:
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(INSERT DIAGRAM OF TREATMENT STYLE ON FOLLOWING PAGE)



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Large empty rectangular box for specifications and notes.