



TributeNight™ Arm Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style Right Arm Left Arm UE - _____

Channeling Chevron Vertical (Design consult needed)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

| QTY. | Notes/Placement Instruction |
|--|-----------------------------|
| <input type="checkbox"/> Zippers | _____ |
| <input type="checkbox"/> Closure (VELCRO® brand) | _____ |
| <input type="checkbox"/> Adjustable panels (VELCRO® brand) | _____ |
| <input type="checkbox"/> Pull-up loops | _____ |
| <input type="checkbox"/> Digit spacers | _____ |
| <input type="checkbox"/> Snap tape | _____ |

Accessories

- Variable Compression Jacket (VCJ)
- Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
- Easy Slide Donning Aid

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

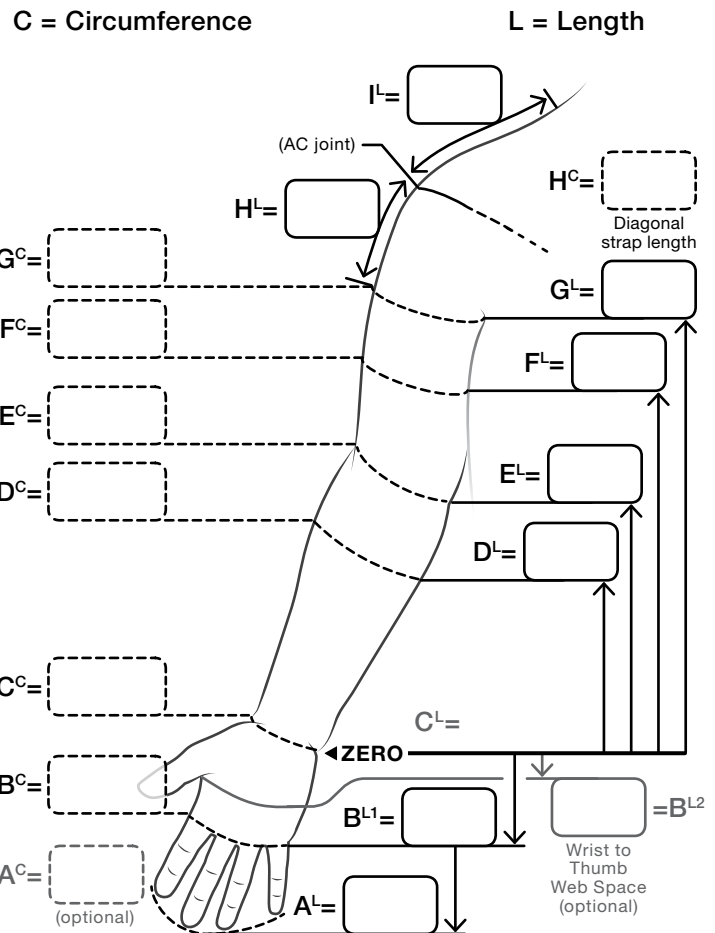
Quote Only

Business Name: _____
 Phone: _____ Fax: _____
 Contact Name & Phone: _____
 Account #: _____ P.O. #: _____
 Payment: Credit card (provide number below) Net 30
 Card #: _____ Exp: ____/____/____ SID: _____

3 Measurements

Date taken: ____/____/____

(All measurements in centimeters)



5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____
 Ship to: _____
 Attn: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Province: _____ Postal Code: _____
 Phone: _____
 Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.