



L&R INTERNAL USE ONLY

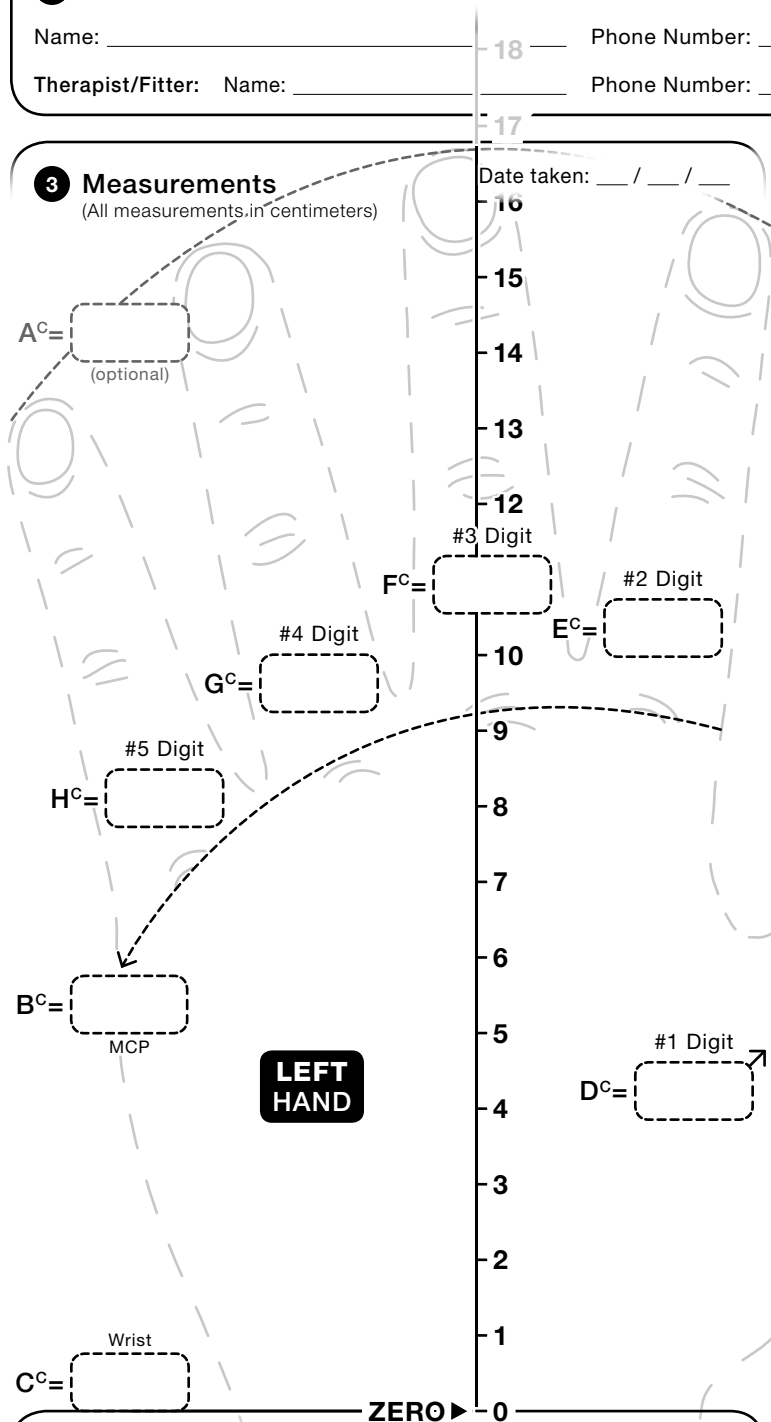
# TributeNight™ Hand Order Form **L**

## 1 Patient Information

Name: \_\_\_\_\_ 18 Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 3 Measurements

(All measurements in centimeters)



Date taken: \_\_\_ / \_\_\_ / \_\_\_

## 2 Garment Design

**Style** UE - \_\_\_\_\_  
**Channeling** Vertical (Chevron channeling not available.)  
**Profile** Original Low  
**Color** Black Blue Purple Raspberry Slate

### Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Closure (VELCRO® brand)	_____
___ Adjustable panels (VELCRO® brand)	_____

### Accessories

\_\_\_ Outer Jacket (OJ)  
 - Color: Black Blue Purple Raspberry Slate  
 - Fastener type: VELCRO® brand fastener Snap  
 - Modifications: Non-skid pads

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: \_\_\_\_\_

## 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](mailto: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.