

Measuring Guidelines for TributeNight Facial Units

Positioning Your Client When Measuring for Facial Garments

TributeNight garments are most commonly worn while the client is sleeping, however, clients with facial swelling may be measured in a seated posture.

Measuring:

Please record the needed measurements in the designated areas on the Facial Order Form.

- A:** Measure the length from one ear tip to the other.
- B:** Measure the head circumference at the temple line or largest part.
- C:** Measure the distance from the outside crease of the right eye to the outside crease of the left eye.
- D:** Measure the length of the nose.
- E:** Measure the length at the midline from the nose to the upper lip.
- F:** Measure the length at the midline from the lower lip to the chin.
- G:** Measure the length from the sterno-clavicular notch to the chin. Follow the contour with chin in relaxed posture.
- H:** Measure from the right ear lobe to the right nostril.
- I:** Measure from the left ear lobe to the left nostril.
- J:** Measure the distance from the right TMJ to the chin.
- K:** Measure the distance from the left TMJ to the chin.
- L:** Measure the length from the right ear lobe to the HPS (High Point of Shoulder).
- M:** Measure the length from the left ear lobe to the HPS.
- N:** Measure the neck circumference.

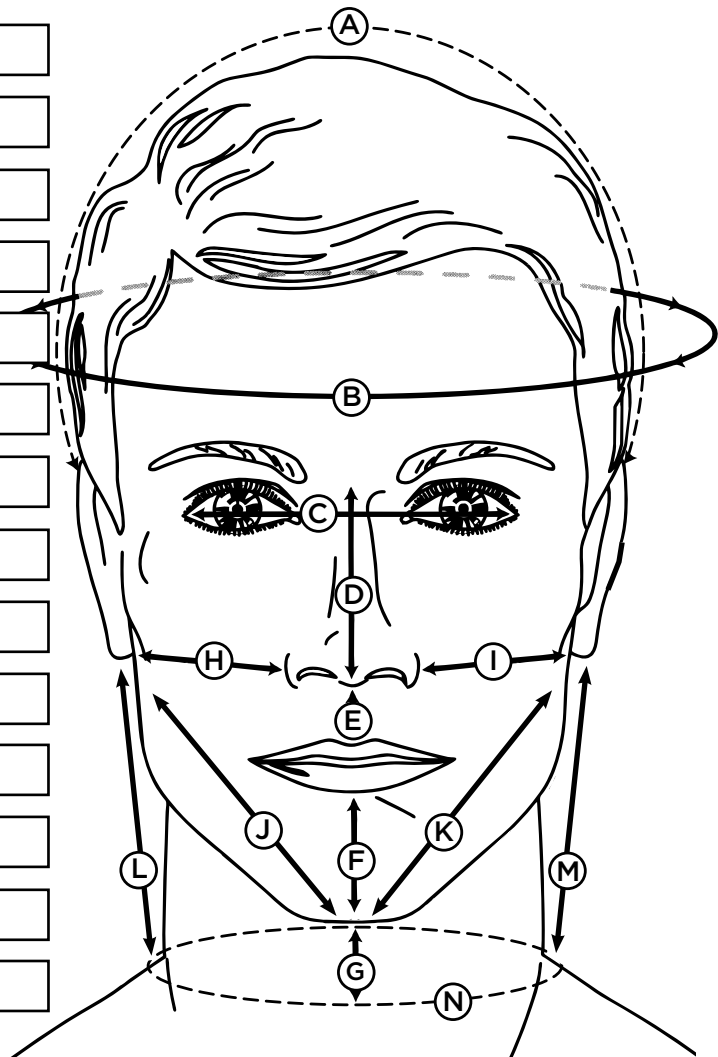
Fax completed order form to (414) 892-4150.
 Solaris will fax a quote confirming your order and cost.
 Questions? Call Customer Service at (855) 892-4140.

TributeNight Facial Order Form

Please Measure in Centimeters

SHIP TO:	
Attn: _____	
Street: _____	
City: _____	
State: _____	Zip: _____
Telephone: _____	
Fax: _____	
E-Mail for Shipping Notification: _____	
BILL TO:	
Attn: _____	
Street: _____	
City: _____	
State: _____	Zip: _____
Telephone: _____	
Fax: _____	
Account # _____	
<input type="checkbox"/> PO # _____	
<input type="checkbox"/> CC # _____ Exp ___ / ___	
If we have a question, whom should we contact? _____	
Contact Phone #: _____	
Client Name or Order Reference #: _____	
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____	
Age _____ Height _____ Weight _____	
For Solaris Internal Usage: _____	

- A=
- B=
- C=
- D=
- E=
- F=
- G=
- H=
- I=
- J=
- K=
- L=
- M=
- N=



Denote with Hash Marks /// Areas of Scarring or Fibrosis on Diagram.		
QTY	UNIT	PRICE
	Garment Code: FN-	
	Garment Code: FN-	
	Lip Bridge	N/A
	Trach Modification (no additional charge)	N/A
	Priority Production Fee	
Shipping <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		

TOTAL:

Comments: _____

