



L&R INTERNAL USE ONLY

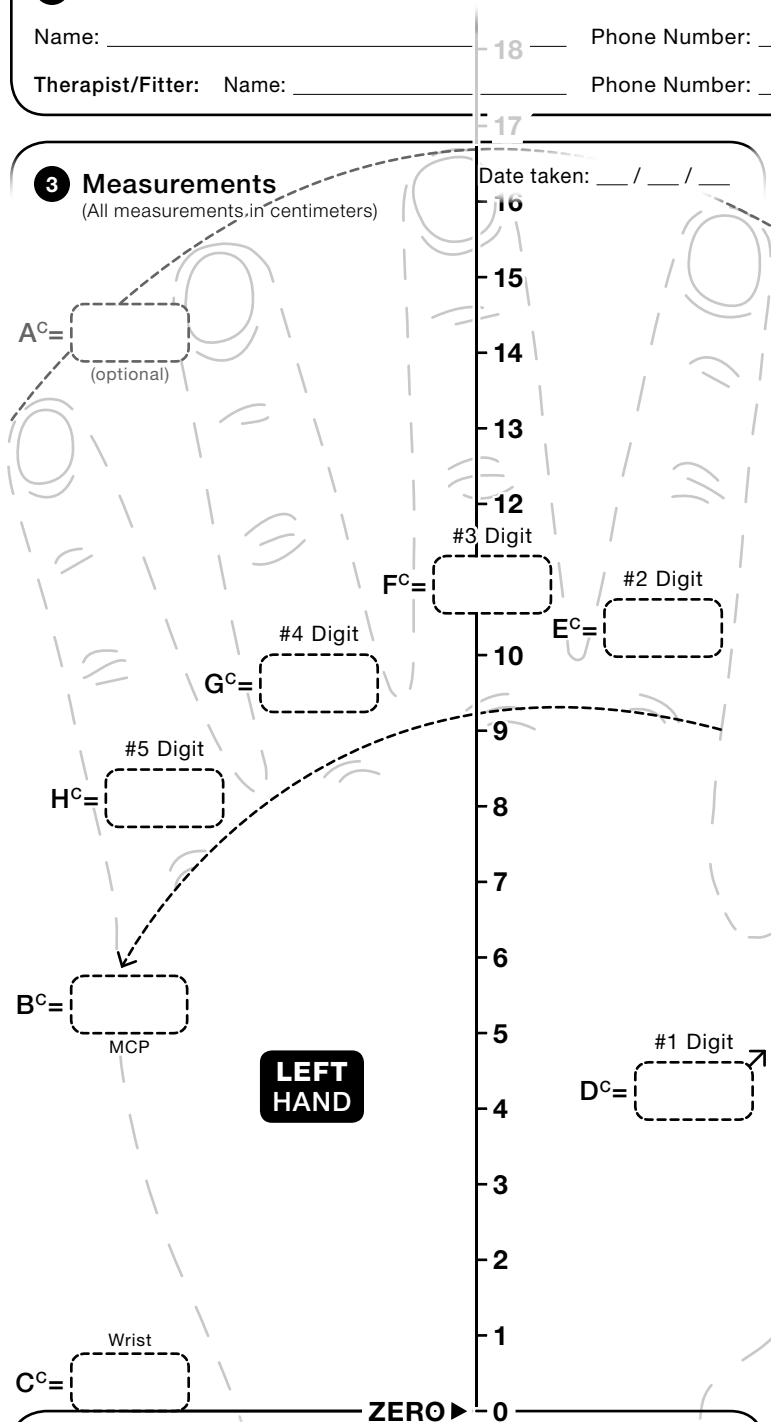
TributeNight™ Hand Order Form **L**

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
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> 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

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