



L&R INTERNAL USE ONLY

# TributeNight™ Hand Order Form **R**

## 1 Patient Information

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

## 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 #: \_\_\_\_\_

## 5 Shipping Information

Shipping:  Standard  Priority Requested Delivery Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

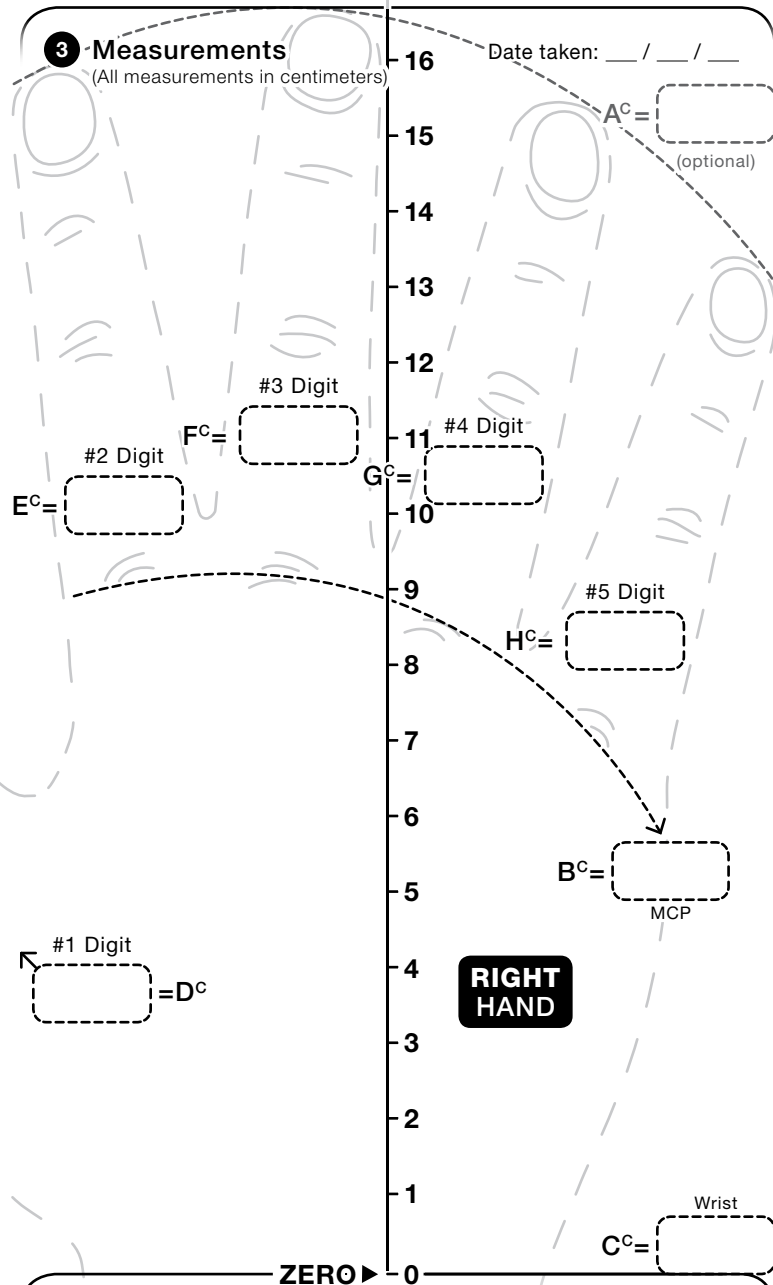
Province Postal Code

Phone: \_\_\_\_\_

Email (for shipping notification): \_\_\_\_\_

## 3 Measurements

(All measurements in centimeters)



## 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: \_\_\_\_\_

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.

125THR.4.18/10