



Have questions? Need help?  
Talk to a Design Consultant now!  
Available M-F, 7:00AM-7:00PM Central.



SCAN TO CALL

# 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
___ Zippers	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Adjustable straps w/Finger grip	_____
└ <input type="checkbox"/> Narrow <input type="checkbox"/> Wide	_____
___ Pull-up loops	_____
___ Digit spacers	_____
___ Snap tape	_____
___ Closure (VELCRO® brand)	_____

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

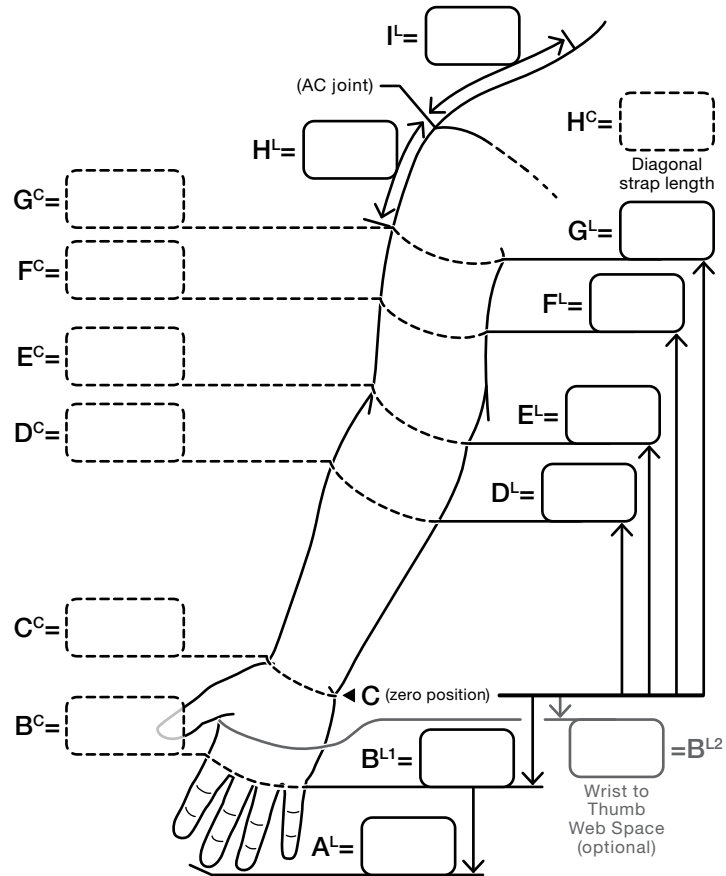
## 3 Measurements

(All measurements in centimeters)

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

**C = Circumference**

**L = Length**



## 5 Shipping Information

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Province Postal Code

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

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