



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



SCAN TO CALL

# 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"/> Adjustable panels (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable straps w/Finger grip	_____
<input type="checkbox"/> Narrow <input type="checkbox"/> Wide	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____

### Accessories

- Outer Jacket (OJ)
- Color:  Black  Blue  Purple  Raspberry  Slate
- Fastener type:  VELCRO® brand fastener  Snap

Special Instructions: \_\_\_\_\_

Exact Reorder of Order #: \_\_\_\_\_

## 5 Shipping Information

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

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

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

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

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

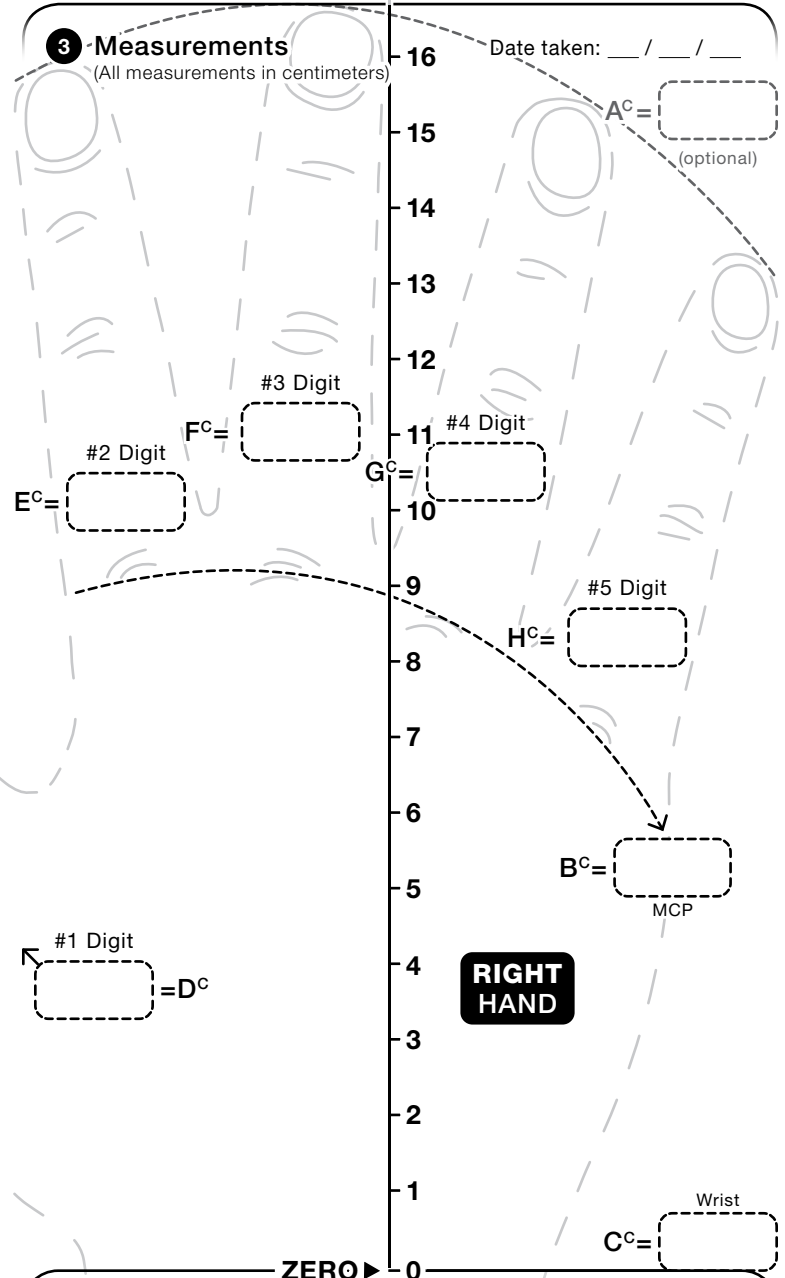
Province Postal Code

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: \_\_\_\_\_