

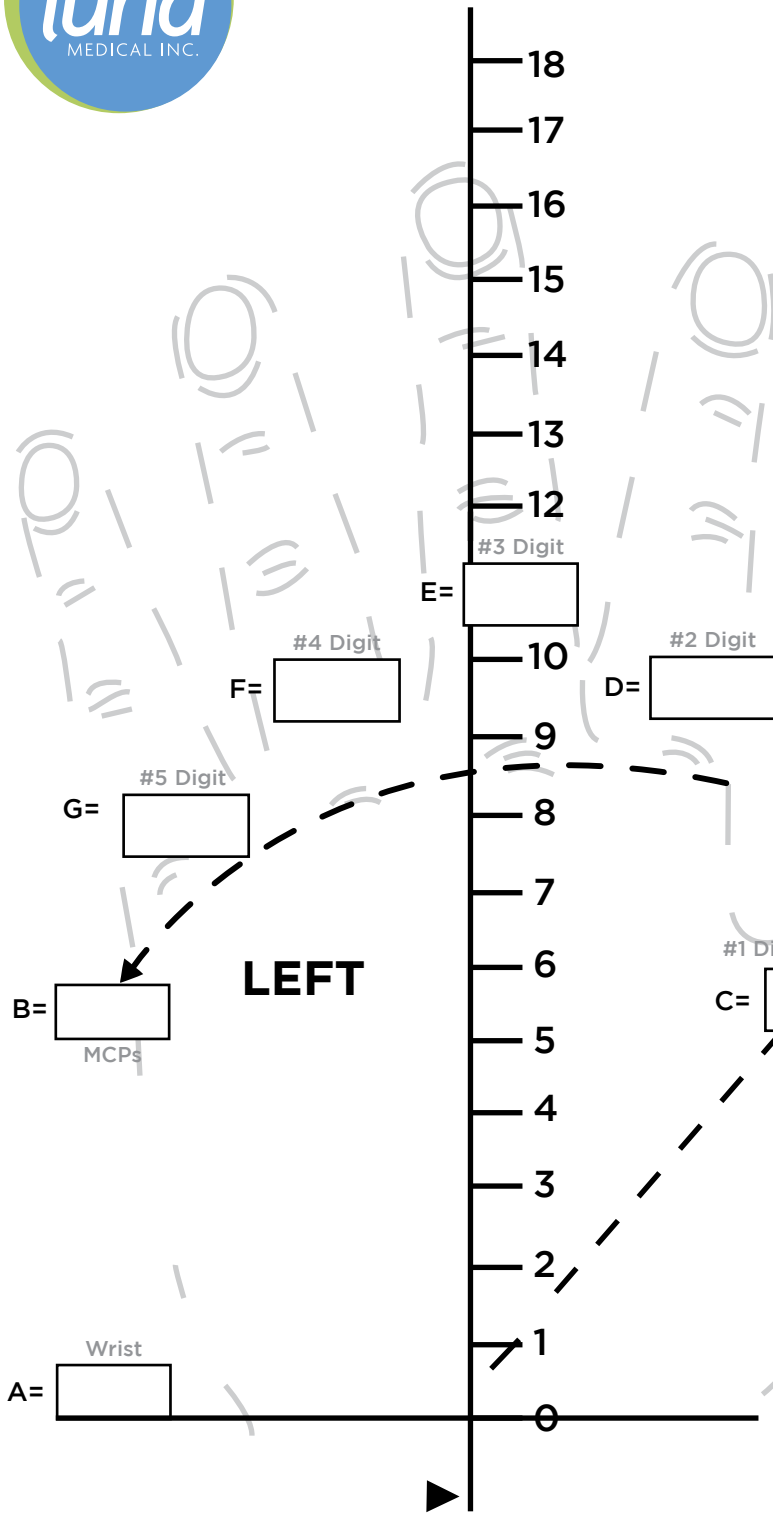


Tribute Hand Order Form

Left Hand

Please Measure in Centimeters

Patient Last Name: _____
 Patient First Name: _____
 Fitter Last Name: _____
 Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____



For Solaris Internal Usage:

QTY	UNIT
	Garment Code: UE-
	Variable Compression Jacket

Fabric Color Tribute Black Pink Teal
 Maroon Royal Blue

Outer Jacket Black Pink Teal
 Maroon Royal Blue

Comments: _____

