



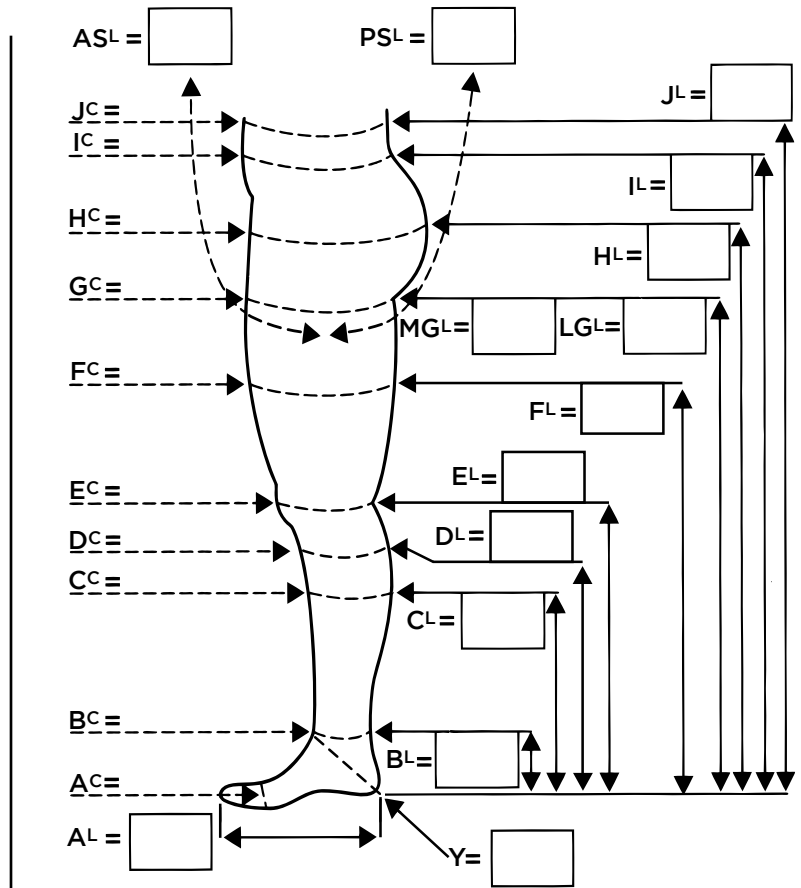
Tribute Leg Order Form

C = Circumference

L = Length

Please Measure in Centimeters

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



<input type="checkbox"/> SUPINE <input type="checkbox"/> STANDING <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
QTY	UNIT
	Garment Code: LE- <input type="checkbox"/> Vertical <input type="checkbox"/> Chevron
	Outer Jacket
	Variable Compression Jacket
	Zipper (on Tribute only)
	Velcro <input type="checkbox"/> MO-V1 <input type="checkbox"/> MO-V2 <input type="checkbox"/> MO-V3
	Nonskid Pads <input type="checkbox"/> Tribute <input type="checkbox"/> OJ
	Pull Up Loops (on Tribute only)
	Easy Slide Application Aid
Fabric Color	Tribute <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Royal Blue Outer Jacket <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Royal Blue

For Solaris Internal Usage:

Comments: _____

