

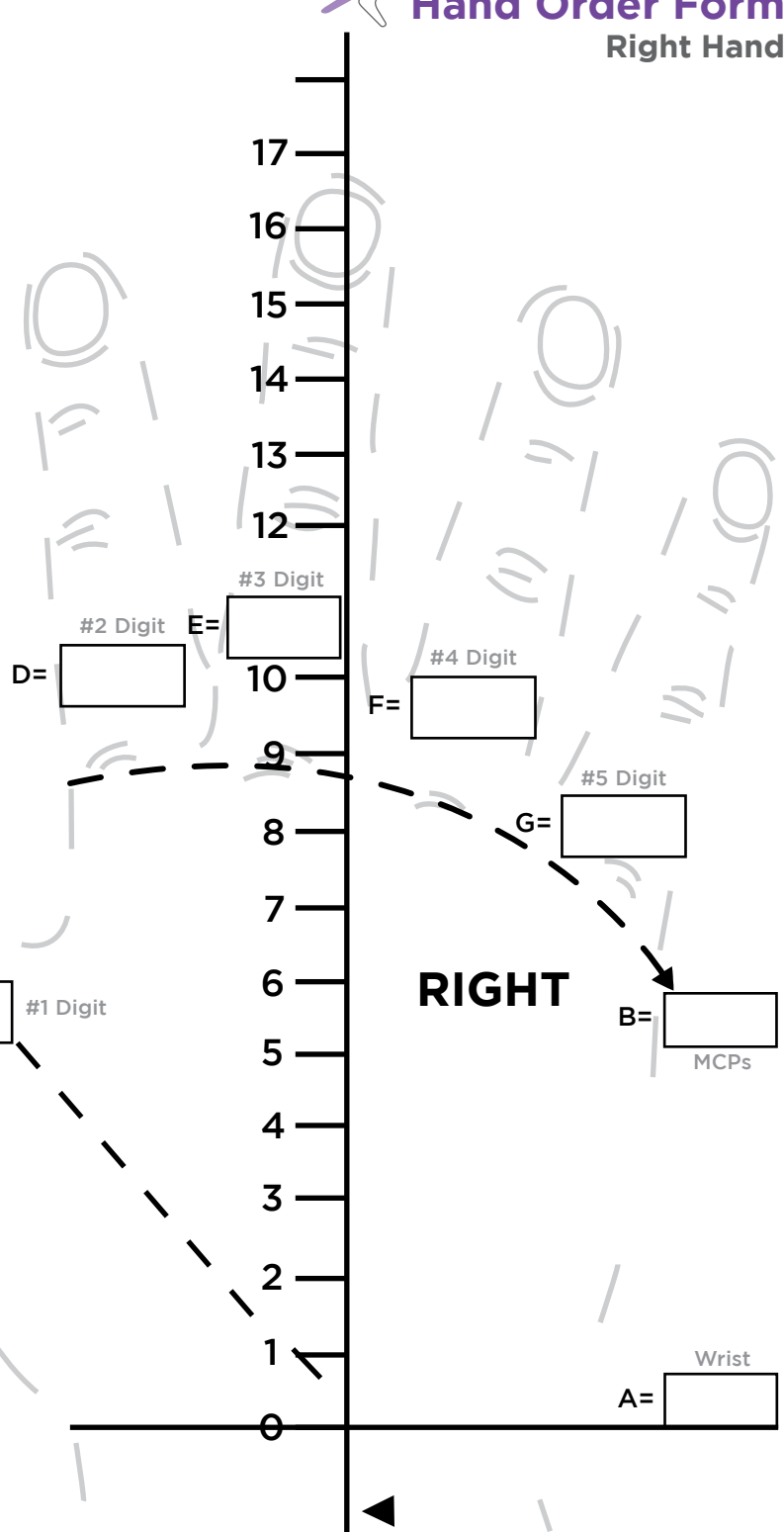


Tribute Hand Order Form

Right 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 <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	

Comments: _____

