

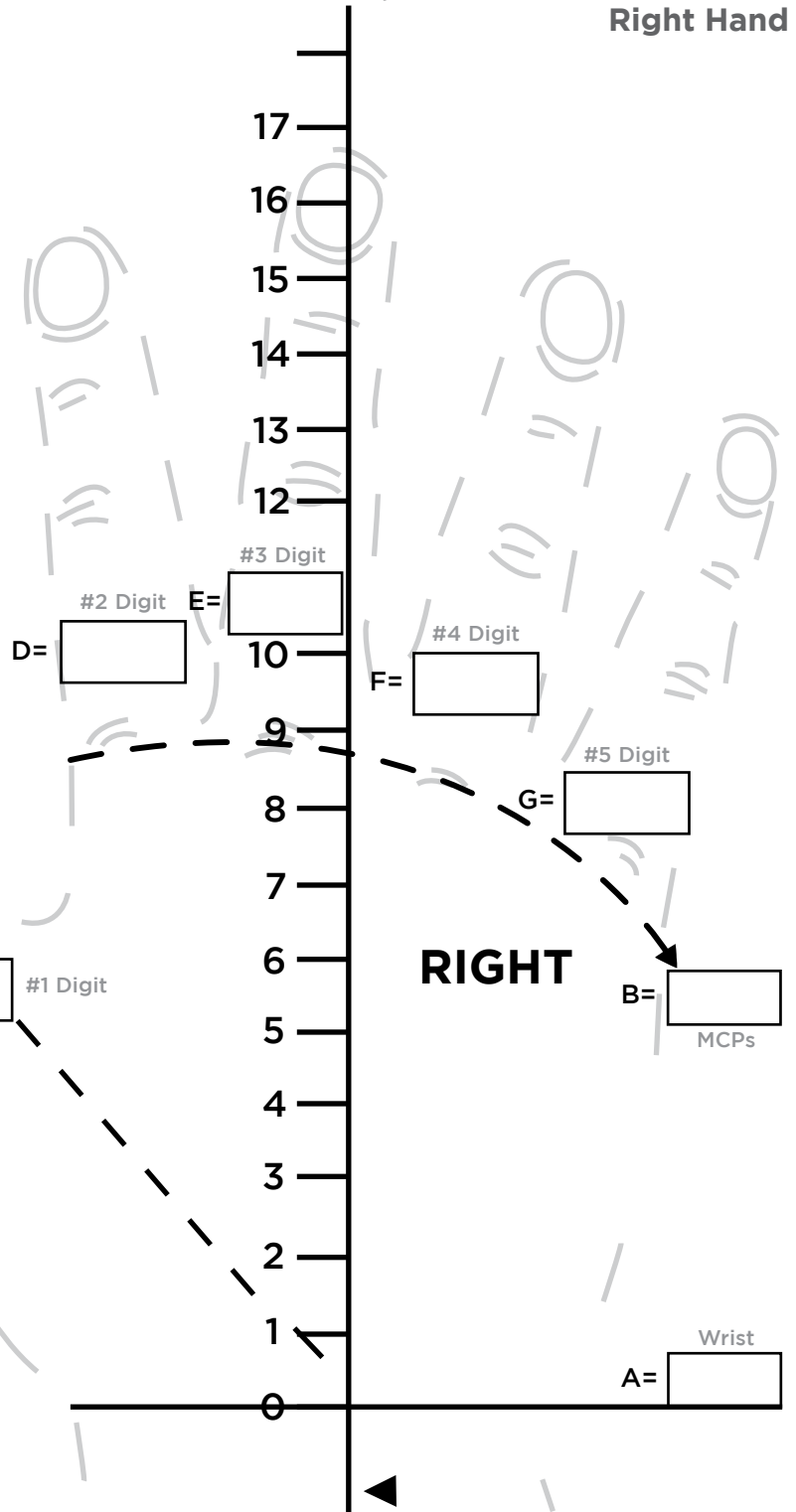


# Tribute Hand Order Form

## 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
<b>Fabric Color</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_