



L&R INTERNAL USE ONLY

# TributeNight™ Facial Order Form

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

**Style** FN - \_\_\_\_\_

**Channeling** (Default channeling varies based on garment style.)

**Profile** Original Low

**Color** Black (Only available in black.)

**Modifications**

QTY.	Notes/Placement Instruction
___ Lip bridge	_____
___ Tracheotomy accommodation	_____

Special Instructions:

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

## 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: \_\_\_\_\_

## 3 Measurements

Date taken: \_\_\_ / \_\_\_ / \_\_\_

(All measurements in centimeters)

A=

B=

C=

D=

E=

F=

G=

H=

I=

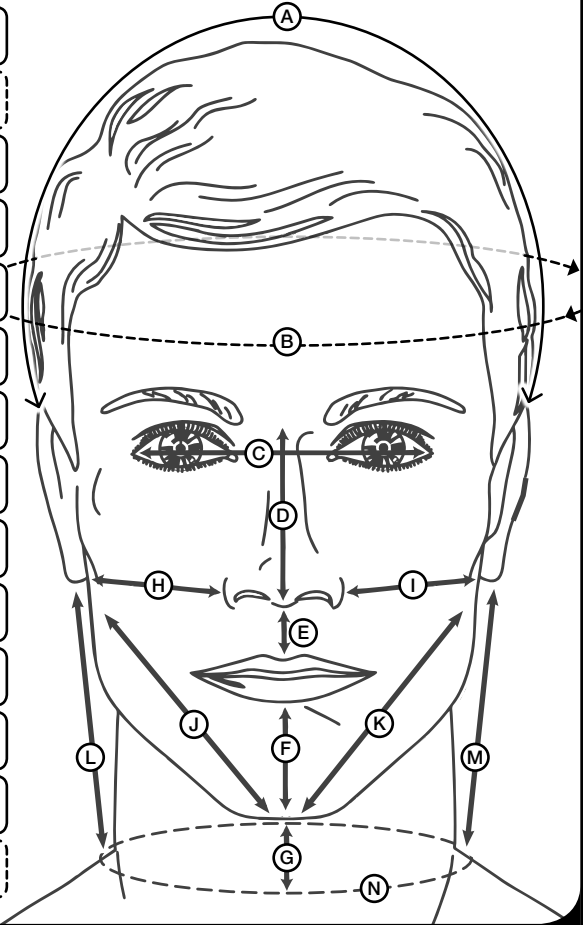
J=

K=

L=

M=

N=



Denote areas of scarring or fibrosis with hash marks (////).

## 5 Shipping Information

Shipping: Standard 4-Day Guarantee\*  
 Priority Requested Delivery Date: \_\_\_\_\_  
 Ship to: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email (for shipping notification): \_\_\_\_\_