L&R INTERNAL USE ONLY

EarlyImpressions™ Hand Order Form

LEFT HAND

1 Patient Information

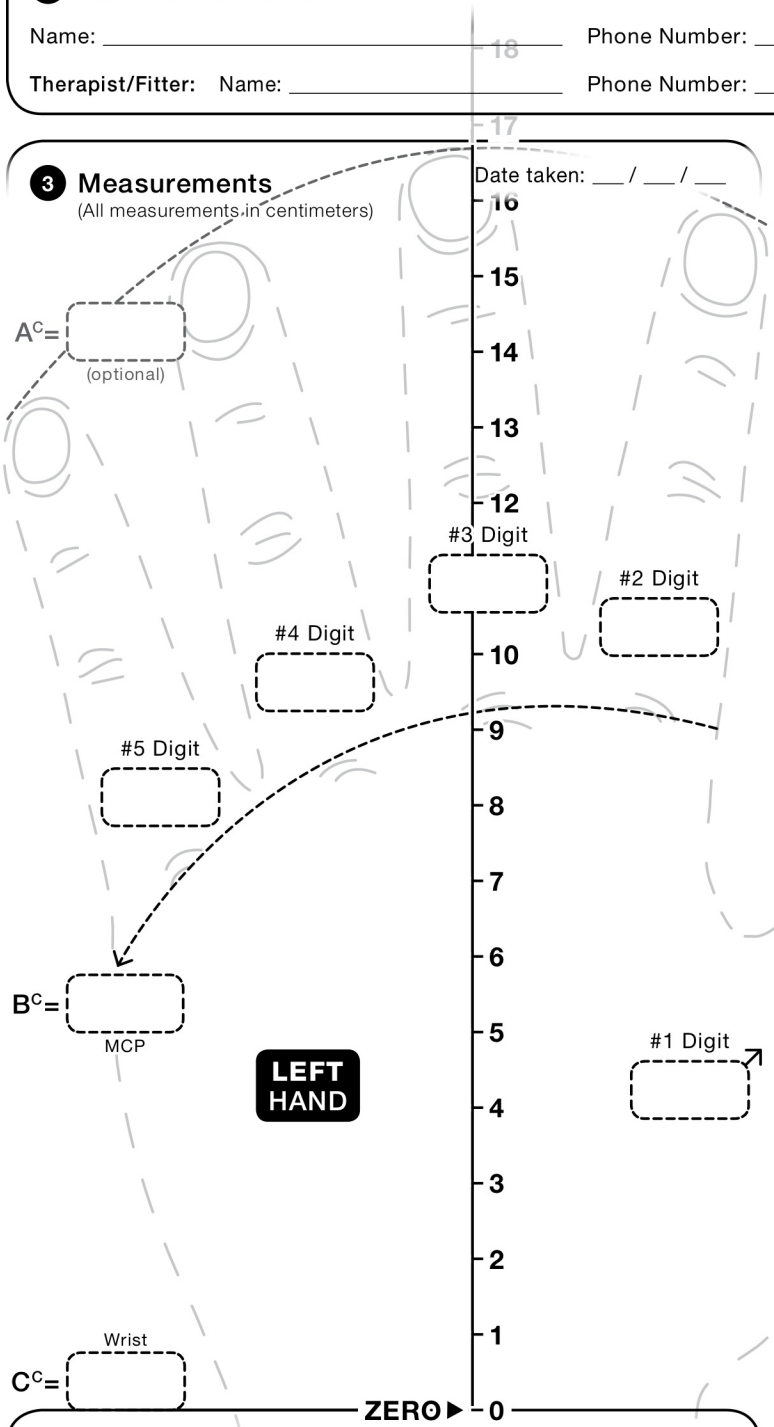
Name: _____ Phone Number: _____ Age: ____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___



2 Garment Design

Style UE - _____

Channeling ☐Vertical (Chevron channeling not available.)

Profile ☐Original ☐Low

Color ☐Black ☐Slate ☐Purple ☐Raspberry

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	VELCRO® fastener	
	☐Closure	
	☐Adjustable panels*	

Accessories

___ Outer Jacket (OJ)
Color: ☐Black ☐Slate ☐Purple ☐Raspberry
Fastener type: ☐VELCRO® ☐Snap
Modifications: ☐Non-skid pads

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: ____

5 Shipping Information

Shipping: ☐Ground ☐2nd Day ☐Overnight

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for shipping notification): _____

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