L&R INTERNAL USE ONLY

EarlyImpressions™ Torso Order Form

1 Patient Information

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

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

2 Garment Design

Style TT - _____

Channeling ☐Chevron (Design consult needed) ☐Vertical

Profile ☐Original ☐Low

Color ☐Black ☐Slate ☐Purple ☐Raspberry

Modifications

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

Special Instructions:

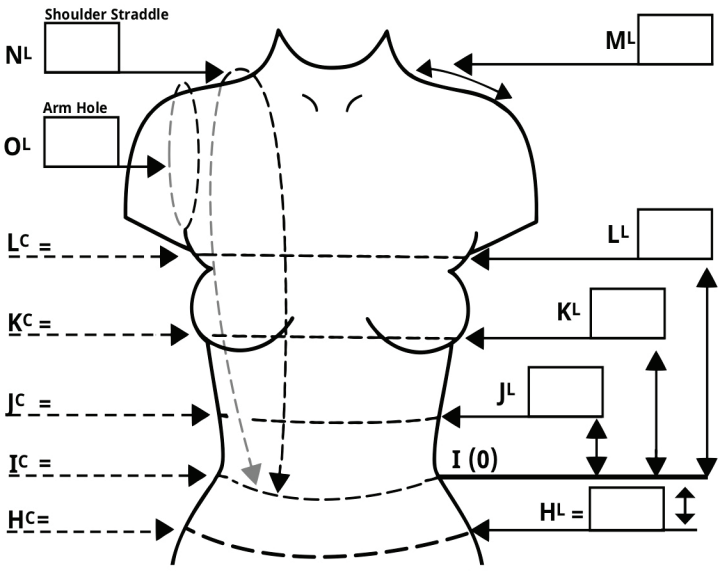
☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

C = Circumference **L = Length**



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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