

TributeNight™ Arm Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style	Right Arm Left Arm	UE - _____														
Channeling	Chevron	Vertical (Design consult needed)														
Profile	Original	Low														
Color	Black	Slate Purple Raspberry														
Modifications	<table border="0"> <thead> <tr> <th>QTY.</th> <th>Notes/Placement Instruction</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Zippers</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> VELCRO® fastener Closure</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Adjustable panels</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Pull-up loops</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Digit spacers</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Snap tape</td> <td>_____</td> </tr> </tbody> </table>		QTY.	Notes/Placement Instruction	<input type="checkbox"/> Zippers	_____	<input type="checkbox"/> VELCRO® fastener Closure	_____	<input type="checkbox"/> Adjustable panels	_____	<input type="checkbox"/> Pull-up loops	_____	<input type="checkbox"/> Digit spacers	_____	<input type="checkbox"/> Snap tape	_____
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+ Accessories

Variable Compression Jacket (VCJ)
 Outer Jacket (OJ)
 Color: Black Slate Purple Raspberry
 Fastener type: VELCRO® Snap
 Modifications: Non-skid pads
 Easy Slide Donning Aid

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: _____

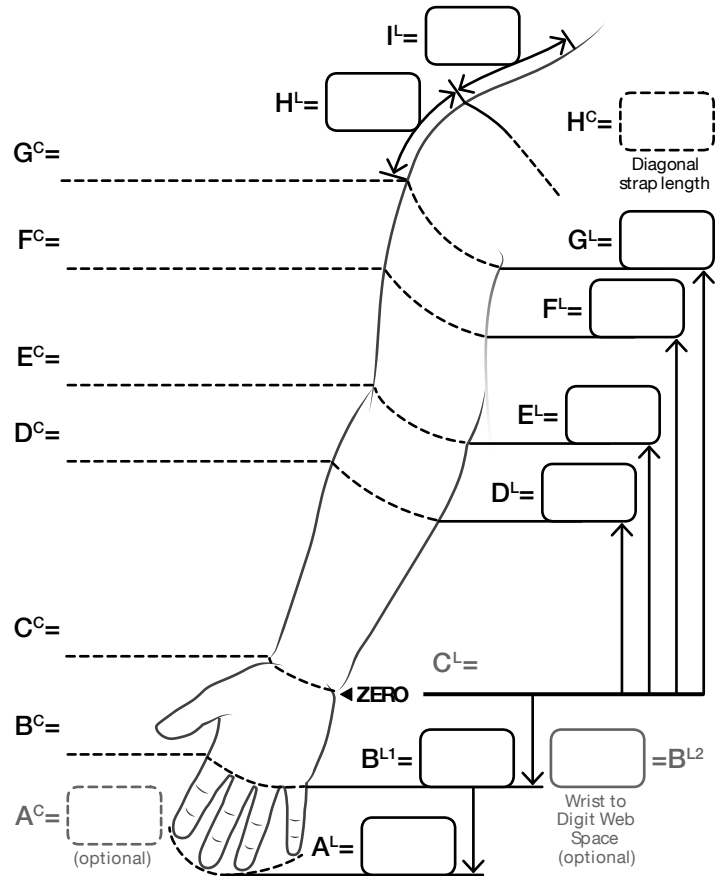
3 Measurements

Date taken: ____/____/____

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

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