

# 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	Blue Purple Raspberry Slate														
Modifications	<table border="1"> <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"/> Closure (VELCRO® brand)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Adjustable panels (VELCRO® brand)</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"/> Closure (VELCRO® brand)	_____	<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____	<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 Blue Purple Raspberry Slate
  - Fastener type: VELCRO® brand fastener Snap
- 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: \_\_\_\_\_

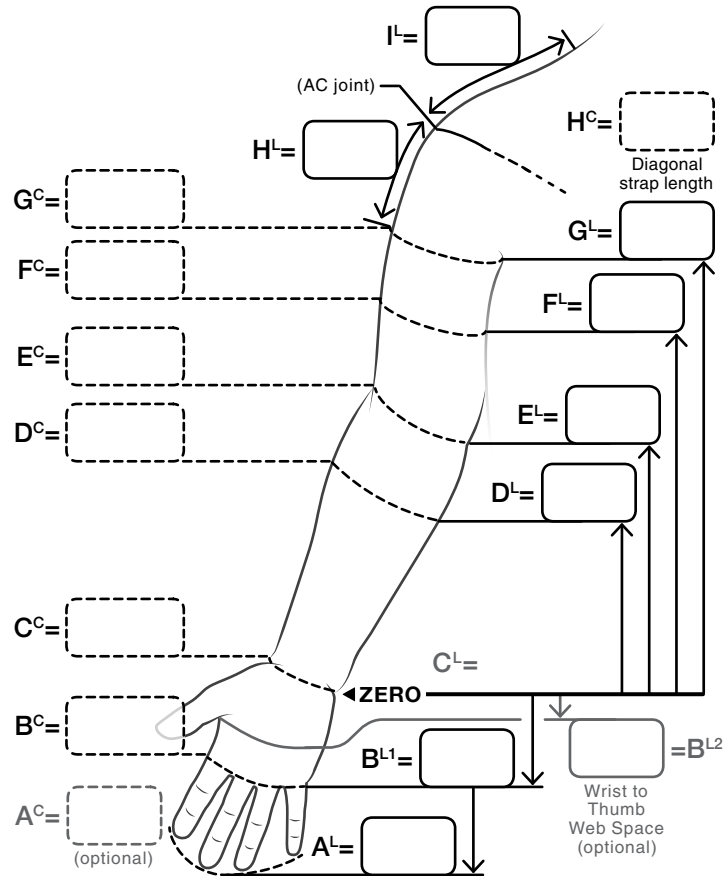
## 3 Measurements

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

(All measurements in centimeters)

C = Circumference

L = Length



## 5 Shipping Information

Shipping: Standard  
 Priority Requested Delivery Date: \_\_\_\_\_  
 Ship to: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Province Postal Code  
 Phone: \_\_\_\_\_  
 Email (for shipping notification): \_\_\_\_\_