



L&R INTERNAL USE ONLY

TributeNight™ Hand Order Form **R**

1 Patient Information

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

2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____

Accessories

Outer Jacket (OJ)

- Color: Black Blue Purple Raspberry Slate
- Fastener type: VELCRO® brand fastener Snap
- Modifications: Non-skid pads

Special Instructions: _____

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

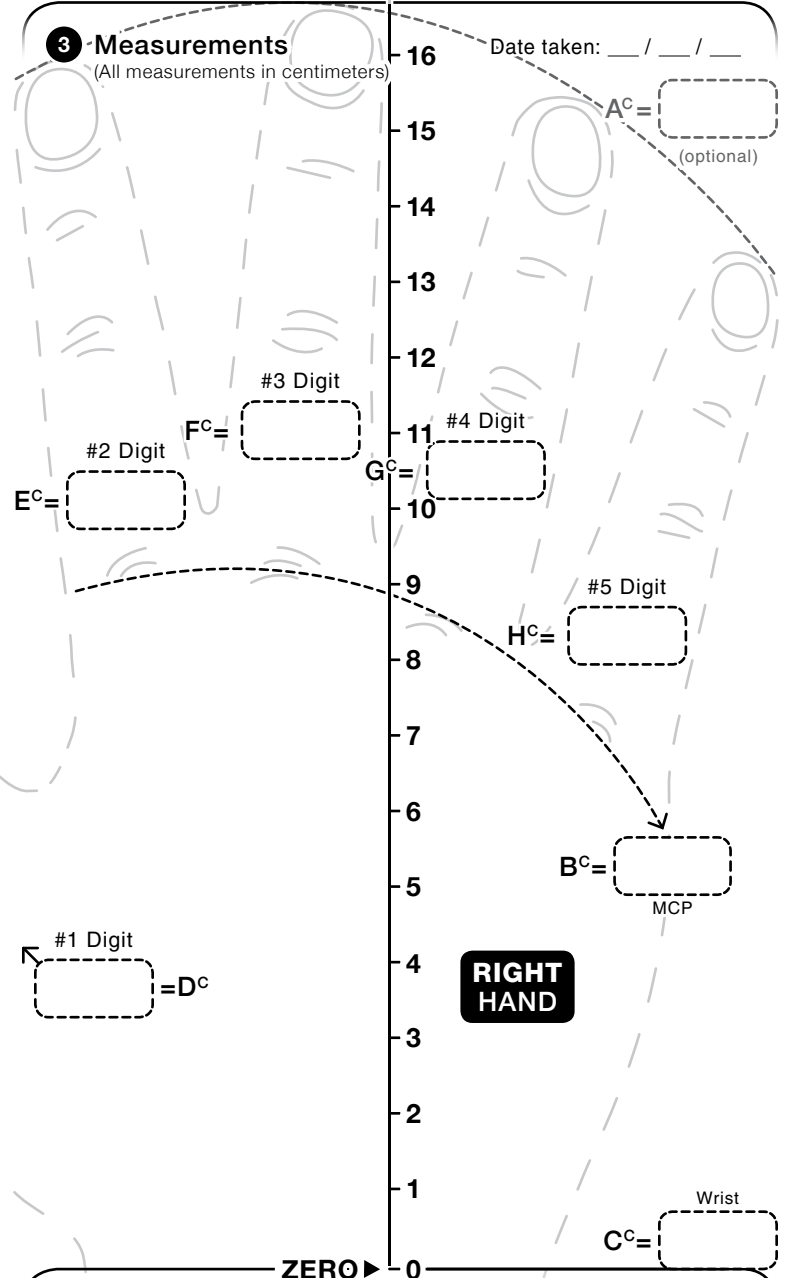
City: _____ State: _____ Zip: _____
 Province Postal Code

Phone: _____

Email (for shipping notification): _____

3 Measurements

(All measurements in centimeters)



Date taken: ___/___/___

A^c = _____ (optional)

#2 Digit F^c = _____

#3 Digit G^c = _____

#5 Digit H^c = _____

MCP B^c = _____

#1 Digit = D^c

Wrist C^c = _____

RIGHT HAND

ZERO ▶ 0

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: _____