



L&R INTERNAL USE ONLY

TributeNight™ Torso Order Form

1 Patient Information

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

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

2 Garment Design

TT - _____

Style

Breast Tissue Turgor:
Firm Moderate Drape Lax

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 #: _____

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: _____

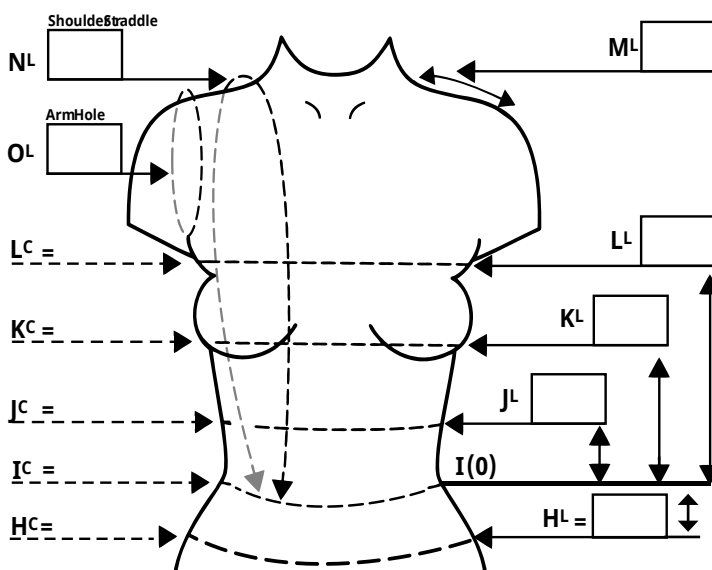
3 Measurements

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): _____