



Tribute® Wrap Order Form

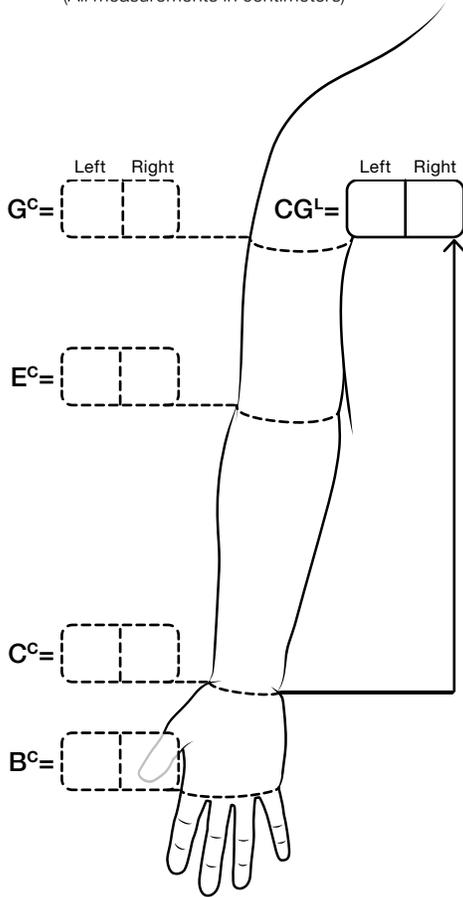
UPPER EXTREMITY

1 Order Information

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

Glove

left or right orientation, sold individually,
 Black Sleep Sleeve included

Size	Circumference		Qty.	
	B ^c	C ^c	Left	Right
Small	16–20	16.5–21		
Medium	18–22	17.5–22		
Large	20–24.5	18.5–23		

Wrist to Axilla

left or right orientation, sold individually,
 Black Sleep Sleeve included

Size	Circumference			Length	Qty.	
	C ^c	E ^c	G ^c		CG ^l	Left
Small	16–21	22–28	25–31	43–47		
				48–52		
Medium	17–22	26–32	30–37	43–47		
				48–52		
Large	18–23	30–36	35–44	43–47		
				48–52		

MCP to Axilla

left or right orientation, sold individually, Black Sleep Sleeve included

Size	Circumference				Length	Qty.	
	B ^c	C ^c	E ^c	G ^c		CG ^l	Left
Small	16–20	16–21	22–28	25–31	43–47		
					48–52		
Medium	18–22	17–22	26–32	30–37	43–47		
					48–52		
Large	20–24.5	18–23	30–36	35–44	43–47		
					48–52		

All measurements in centimeters.

5 Shipping

Ground 2nd Day Overnight

Ship to _____
 Attn _____
 Street _____
 City _____
 State/Province _____ Zip/Postal code _____
 Phone _____
 Email (for shipping notification) _____

4 Accessories

Sleep Sleeve for Glove

sold individually

Size	Qty.		
	Black	Blue	Rasp.
Small			
Medium			
Large			

Sleep Sleeve for Wrist to Axilla

sold individually

Size	Length	Qty.		
		Black	Blue	Rasp.
S	Regular			
	Long			
M	Regular			
	Long			
L	Regular			
	Long			

Sleep Sleeve for MCP to Axilla

sold individually

Size	Length	Qty.		
		Black	Blue	Rasp.
S	Regular			
	Long			
M	Regular			
	Long			
L	Regular			
	Long			