



# Tribute® Wrap Order Form

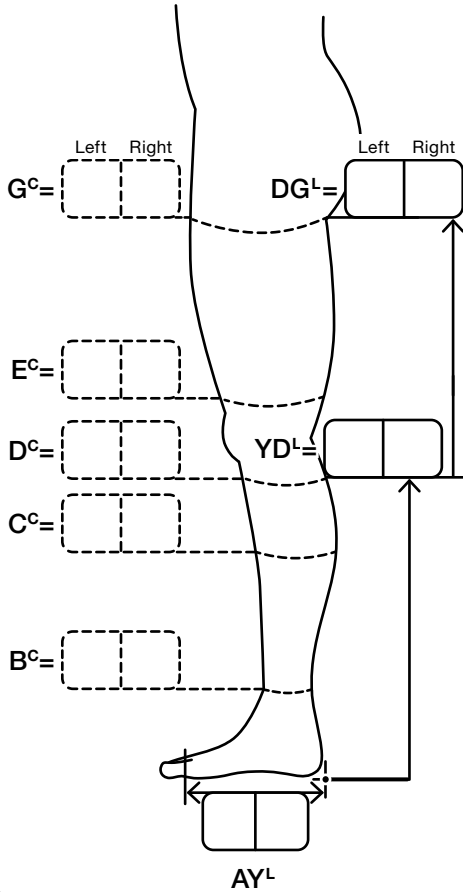
**LOWER EXTREMITY**

## 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

### Below Knee

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

Size	Circumference		Length		Qty.	
	B <sup>c</sup>	C <sup>c</sup>	AY <sup>l</sup>	YD <sup>l</sup>	Left	Right
Small	24-30	30-36	19-22	40-44		
			23-26	45-49		
Medium	27-33	33-41.5	19-22	40-44		
			23-26	45-49		
Large	30-36	36-45	19-22	40-44		
			23-26	45-49		

### Knee to Thigh

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

Size	Circumference			Length	Qty.	
	D <sup>c</sup>	E <sup>c</sup>	G <sup>c</sup>		Left	Right
Small	31-36	42-48	53-60	35-40		
				40-45		
Medium	35-40	47-53	59-66	35-40		
				40-45		
Large	39-44	52-58	65-72	35-40		
				40-45		

\*Y measurement is at the base of the heel.

All measurements in centimeters.

## 4 Accessories

### Sleep Sleeve for Below Knee

sold individually

Size	Length	Qty.		
		Black	Blue	Rasp.
Small	Regular			
	Long			
Medium	Regular			
	Long			
Large	Regular			
	Long			

### Sleep Sleeve for Knee to Thigh

sold individually

Size	Length	Qty.		
		Black	Blue	Rasp.
Small	Regular			
	Long			
Medium	Regular			
	Long			
Large	Regular			
	Long			

## 5 Shipping

Ground  2nd Day  Overnight

Ship to \_\_\_\_\_

Attn \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Phone \_\_\_\_\_

Email (for shipping notification) \_\_\_\_\_