



TributeNight™ Arm Order Form



Have questions? Need help?
Talk to a Design Consultant now!
Available M-F, 8:00AM-6:00PM Central.



SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Right Arm Left Arm UE - _____

Channeling Chevron Vertical (Design consult needed)

Fill Chopped Foam Soft Fill

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
___	Zippers
___	Adjustable panels (VELCRO® brand)
___	Adjustable straps w/Finger grip
___	Pull-up loops
___	Digit spacers
___	Snap tape
___	Closure (VELCRO® brand)

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: _____

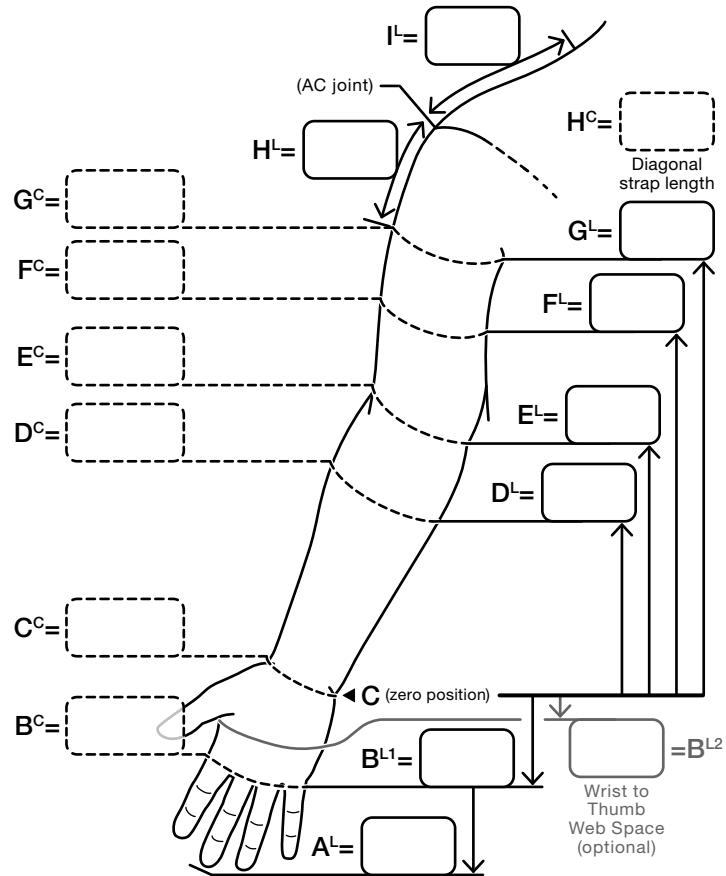
3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

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): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.



TributeNight™ Torso Order Form



Have questions? Need help?
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SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Style TT - _____
Breast Tissue Turgor:
 Firm Moderate Drape Lax

Channeling Chevron (Design consult needed) Vertical

Fill Chopped Foam Soft Fill

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Adjustable straps w/Finger grip	_____
___ Snap tape	_____
___ Closure (VELCRO® brand)	_____

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

(All measurements in centimeters)

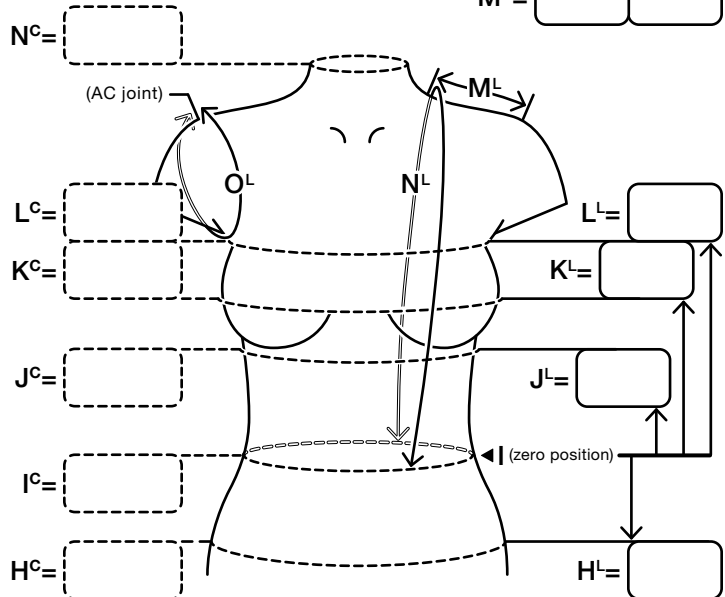
Date taken: ___ / ___ / ___

Patient Left Patient Right

O^L=

N^L=

M^L=



5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____

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SCAN TO CALL

TributeNight™ Leg & Lower Torso Order Form

1 Patient Information

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

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

2 Garment Design

Right Leg LE - _____
 Left Leg

Channeling Chevron Vertical

Fill Chopped Foam Soft Fill

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
___ Zippers
___ Adjustable panels (VELCRO® brand)
___ Adjustable straps w/Finger grip
___ Non-skid pads
___ Pull-up loops
___ Snap tape
___ Closure (VELCRO® brand)

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
 - Modifications: Non-skid pads
- ___ 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. #: _____

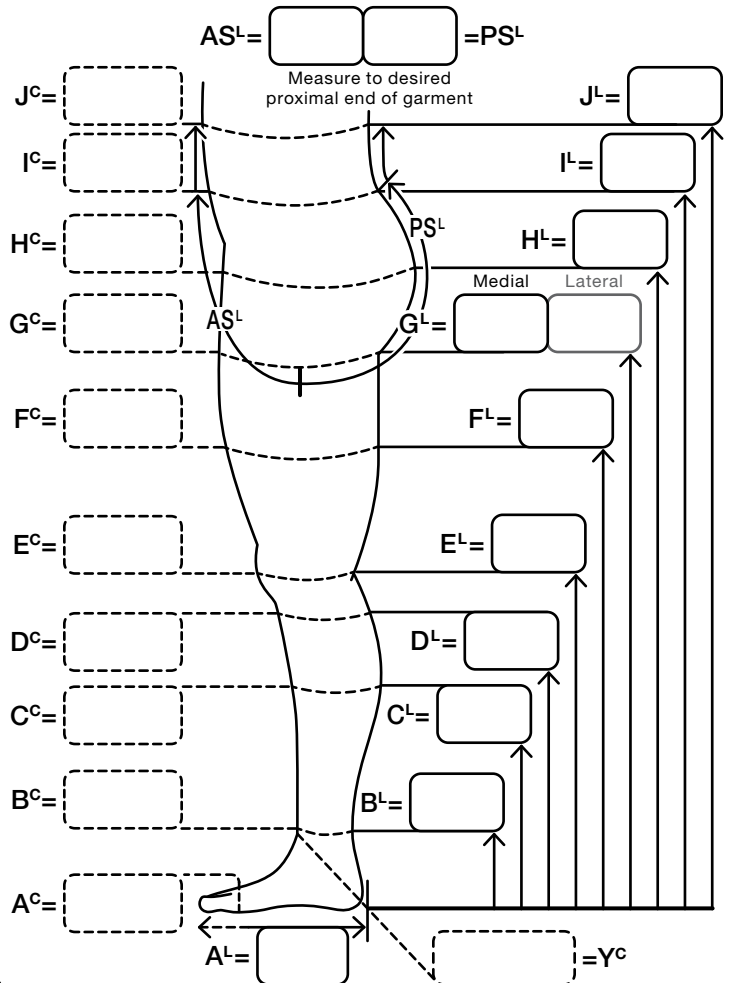
Payment: Credit card (provide number below) Net 30

Card #: _____ Exp: ___ / ___ SID: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)



5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

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TributeNight™ Head & Neck Order Form



Have questions? Need help?
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SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Style FN - _____

Channeling (Default channeling varies based on garment style.)

Fill Chopped Foam Soft Fill

Profile Original Low

Color Black (Only available in black.)

Modifications

QTY.	Notes/Placement Instruction
___ Lip bridge
___ Tracheotomy accommodation
___ Adjustable panels (VELCRO® brand)
___ Adjustable straps w/Finger grip

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

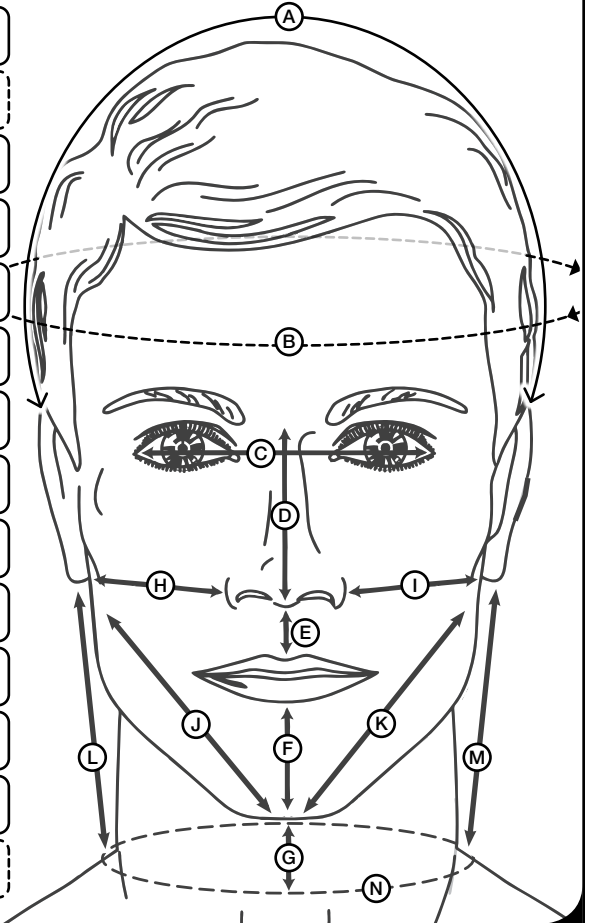
Card #: _____ Exp: ___ / ___ SID: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

- A^L =
- B^C =
- C^L =
- D^L =
- E^L =
- F^L =
- G^L =
- H^L =
- I^L =
- J^L =
- K^L =
- L^L =
- M^L =
- N^C =



Denote areas of scarring or fibrosis with hash marks (////).

5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____

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TributeNight™ Hand Order Form **L**



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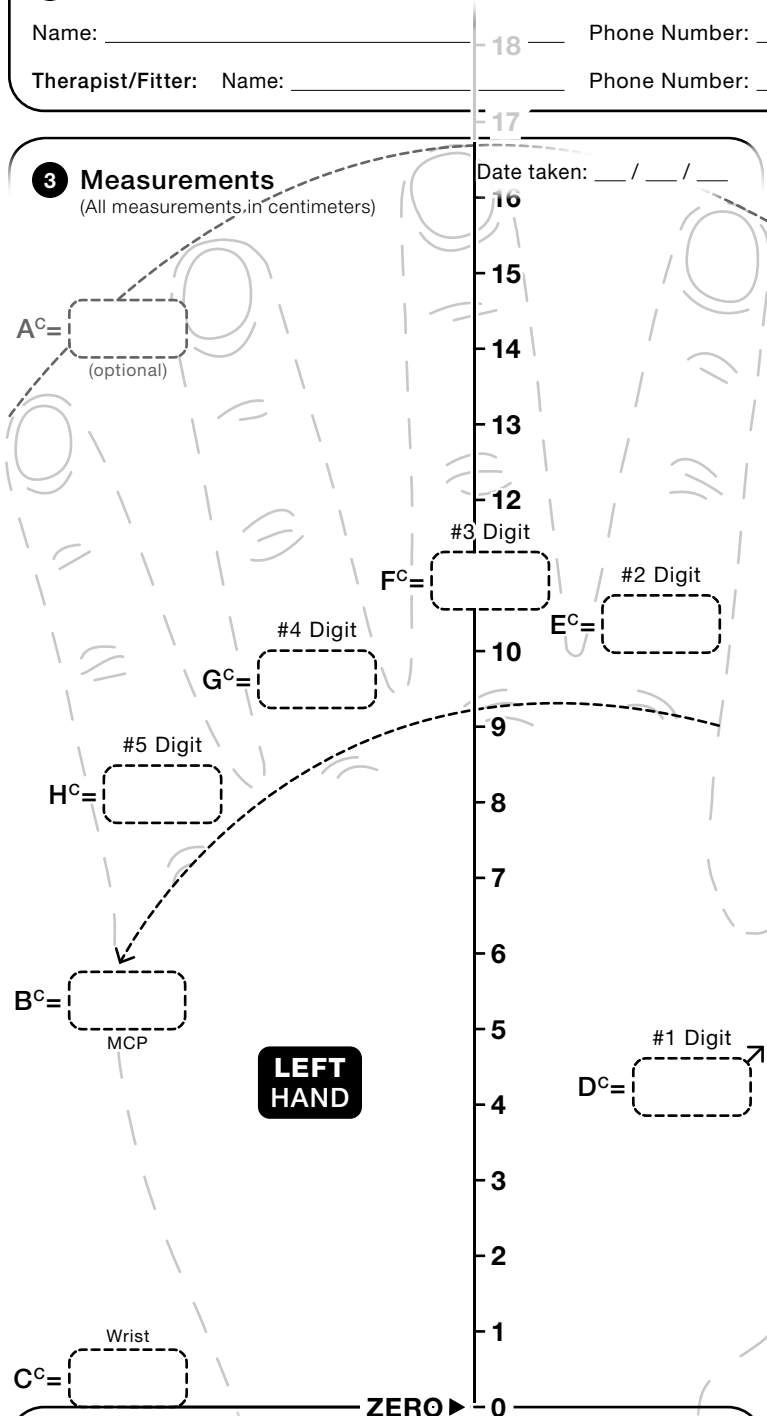
SCAN TO CALL

1 Patient Information

Name: _____ 18 Phone Number: _____ Age: _____ Height: _____ Weight: _____
Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

3 Measurements

(All measurements in centimeters)



2 Garment Design

- Style** UE - _____
- Channeling** Vertical (Chevron channeling not available.)
- Fill** Chopped Foam Soft Fill
- Profile** Original Low
- Color** Black Blue Purple Raspberry Slate

Modifications

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

Accessories

- Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap

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: _____

5 Shipping Information

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

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TributeNight™ Hand Order Form **R**



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SCAN TO CALL

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.)
Fill Chopped Foam Soft Fill
Profile Original Low
Color Black Blue Purple Raspberry Slate

Modifications

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

Accessories

Outer Jacket (OJ)
- Color: Black Blue Purple Raspberry Slate
- Fastener type: VELCRO® brand fastener Snap

Special Instructions: _____

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

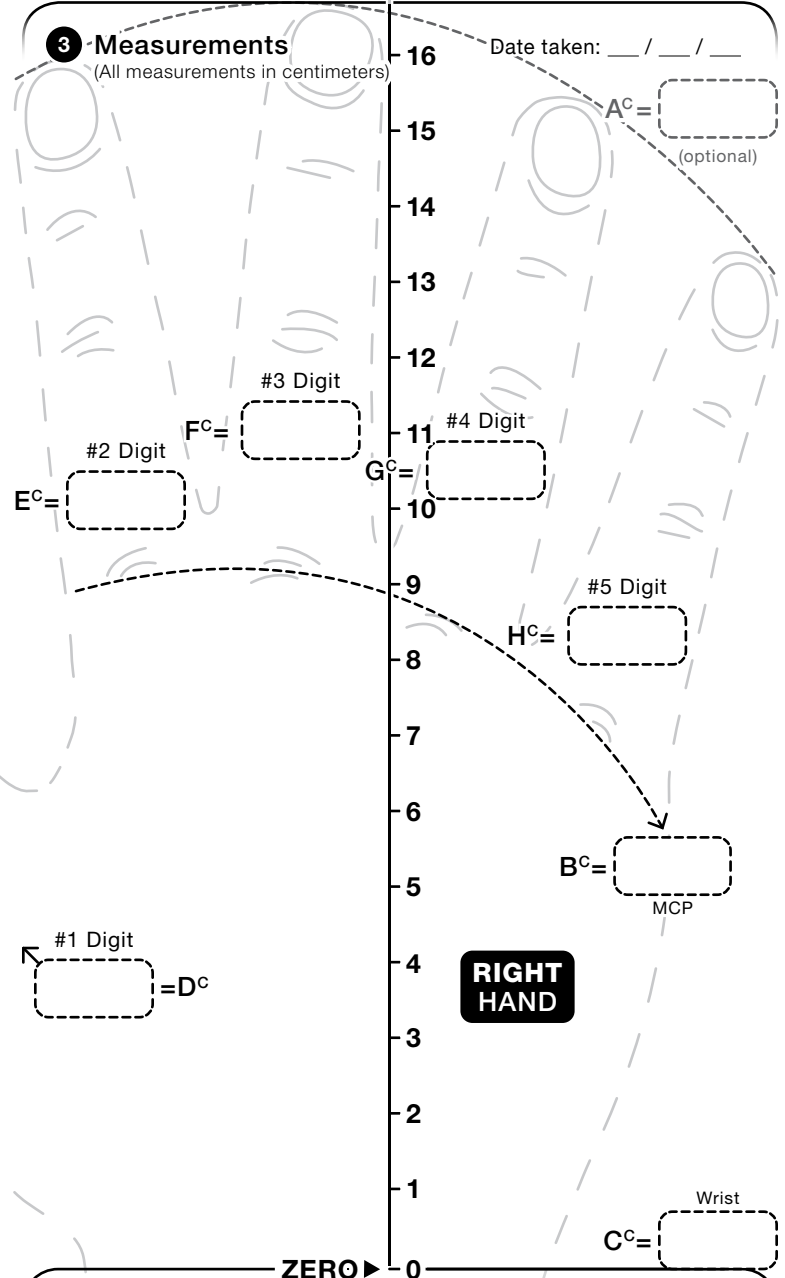
City: _____ State: _____ Zip: _____

Phone: _____ Province: _____ Postal Code: _____

Email (for shipping notification): _____

3 Measurements

(All measurements in centimeters)



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: _____

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