



Tribute™ Freedom Arm Order Form



Have questions? Need help?
Talk to a Design Consultant!
Phone: 1-414-892-5158 Fax: 1-414-892-4150



SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Style Right Arm Left Arm

Compression (mmHg)

15-20 20-30 30-40 40+ Custom

CCL 1 CCL 2 CCL 3

Color Black (Only available in black.)

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Trim (optional)	_____
<input type="checkbox"/> Lace	_____
<input type="checkbox"/> Lace w/Silicone	_____
<input type="checkbox"/> Silicone dot	_____
___ Donning loops	_____
___ Snap tape	_____
___ Hook & eye	_____

Additional customizations available upon design consult.

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: _____

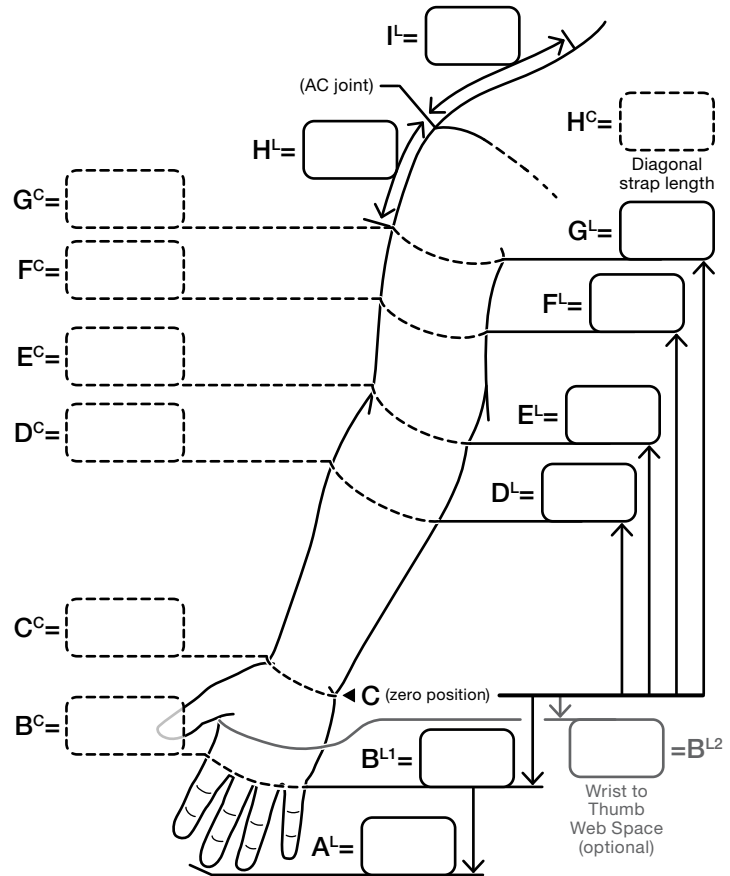
3 Measurements

Date taken: ___/___/___

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____



Tribute™ Freedom Torso Order Form



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SCAN TO CALL

1 Patient Information

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

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

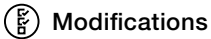
2 Garment Design



Breast Tissue Turgor:
 Firm Moderate Drape Lax



Black (Only available in black.)



QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers
<input type="checkbox"/> Trim (optional)
<input type="checkbox"/> Lace
<input type="checkbox"/> Lace w/Silicone
<input type="checkbox"/> Silicone dot
<input type="checkbox"/> Donning loops
<input type="checkbox"/> Snap tape
<input type="checkbox"/> Hook & eye

Additional customizations available upon design consult.

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)

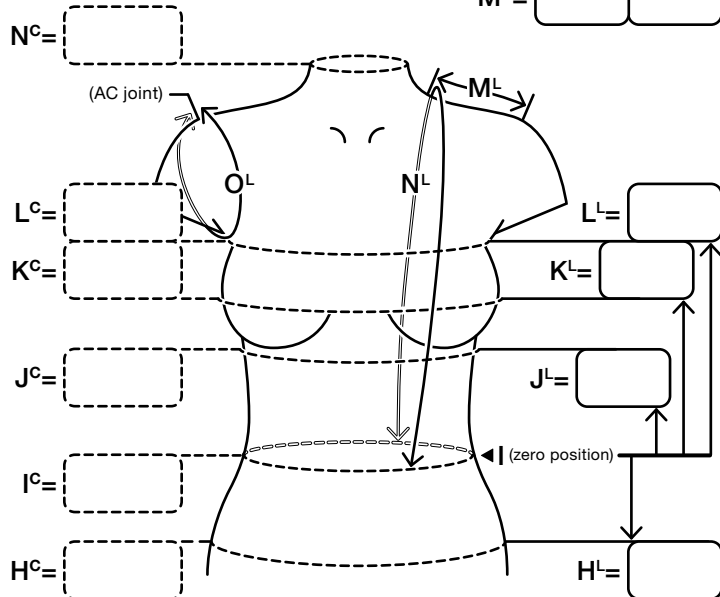
Date taken: ___/___/___

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): _____



Tribute™ Freedom Leg & Lower Torso Order Form



Have questions? Need help?
Talk to a Design Consultant!
Phone: 1-414-892-5158 Fax: 1-414-892-4150



SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Style Right Leg Left Leg

Compression (mmHg)

15-20 20-30 30-40 40+ Custom

CCL 1 CCL 2 CCL 3 CCL 4

Color Black (Only available in black.)

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Trim (optional)	_____
<input type="checkbox"/> Lace	_____
<input type="checkbox"/> Lace w/Silicone	_____
<input type="checkbox"/> Silicone dot	_____
___ Donning loops	_____
___ Snap tape	_____
___ Hook & eye	_____

Additional customizations available upon design consult.

Special Instructions:

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

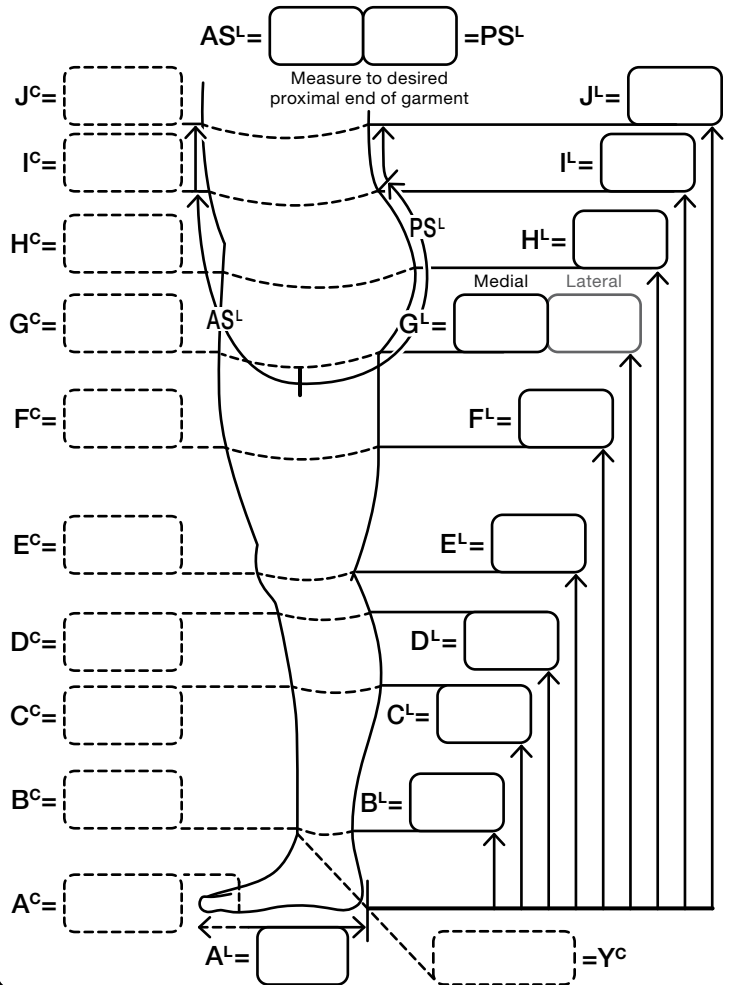
Payment: Credit card (provide number below) Net 30

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): _____



Tribute™ Freedom Head & Neck Order Form



Have questions? Need help?
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Phone: 1-414-892-5158 Fax: 1-414-892-4150



SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Style

Color Black (Only available in black.)

Modifications

QTY.	Notes/Placement Instruction
___ Lip bridge
___ Tracheotomy accommodation

>>>> Additional customizations available upon design consult.

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

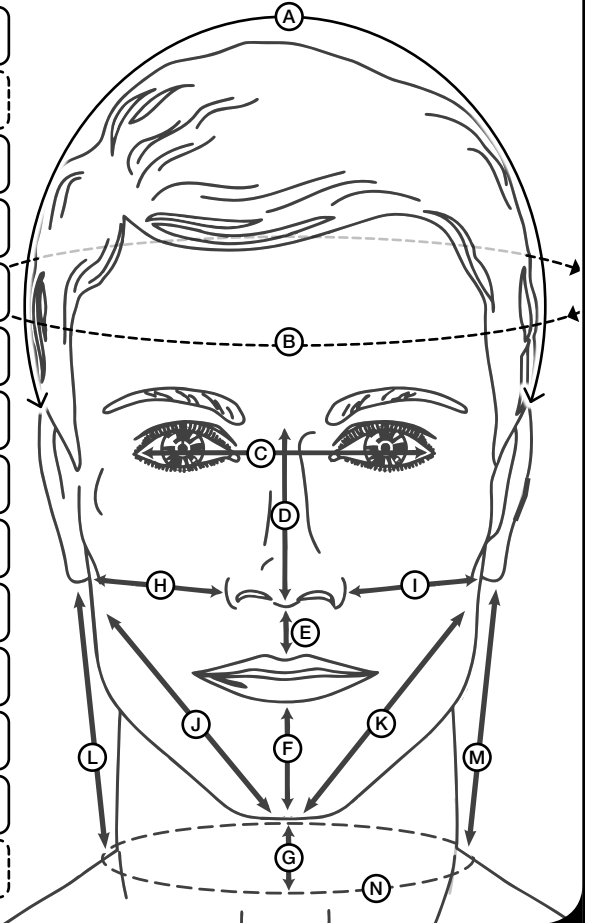
Card #: _____ Exp: ___/___/___ SID: _____

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): _____