



L&R INTERNAL USE ONLY

TributeNight™ Arm Order Form

1 Patient Information

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

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

2 Garment Design

Right Arm Left Arm UE - _____

Chevron Vertical (Design consult needed)

Original Low

Black Slate Purple Raspberry

Modifications

| QTY. | Notes/Placement Instruction |
|--|-----------------------------|
| ___ Zippers | _____ |
| ___ VELCRO® fastener | _____ |
| <input type="checkbox"/> Closure | _____ |
| <input type="checkbox"/> Adjustable panels | _____ |
| ___ Pull-up loops | _____ |
| ___ Digit spacers | _____ |
| ___ Snap tape | _____ |

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
 - Color: Black Slate Purple Raspberry
 - Fastener type: VELCRO® 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: _____

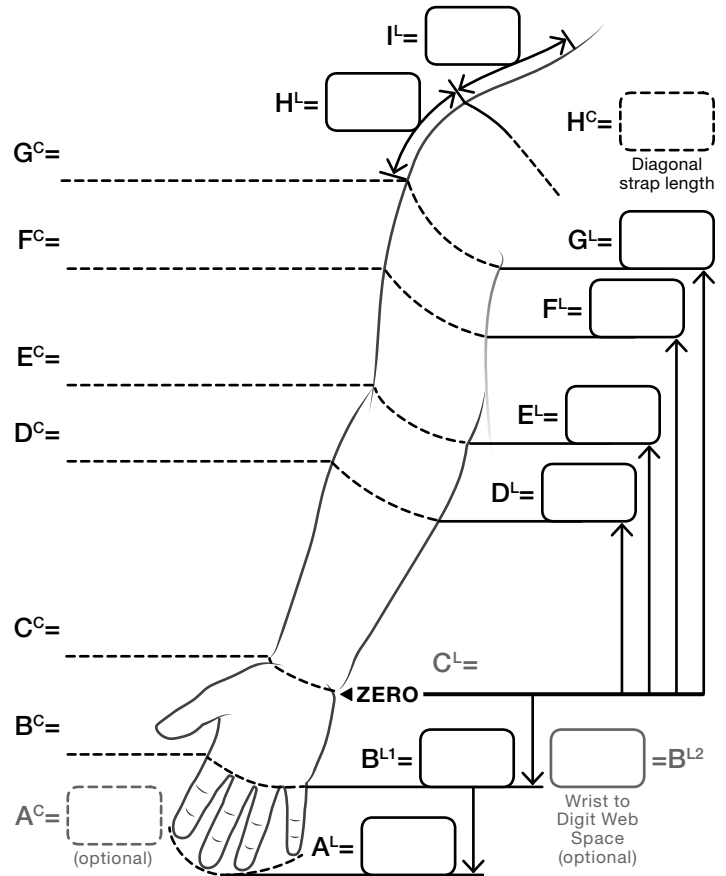
3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)

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): _____

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 414-892-5158.

*Orders must be received before 2:00 PM Central. Business days only, Holidays excluded. Valid on new orders and US customers only. On-hold garments receive guarantee starting at release of the on-hold garment.