



L&R INTERNAL USE ONLY

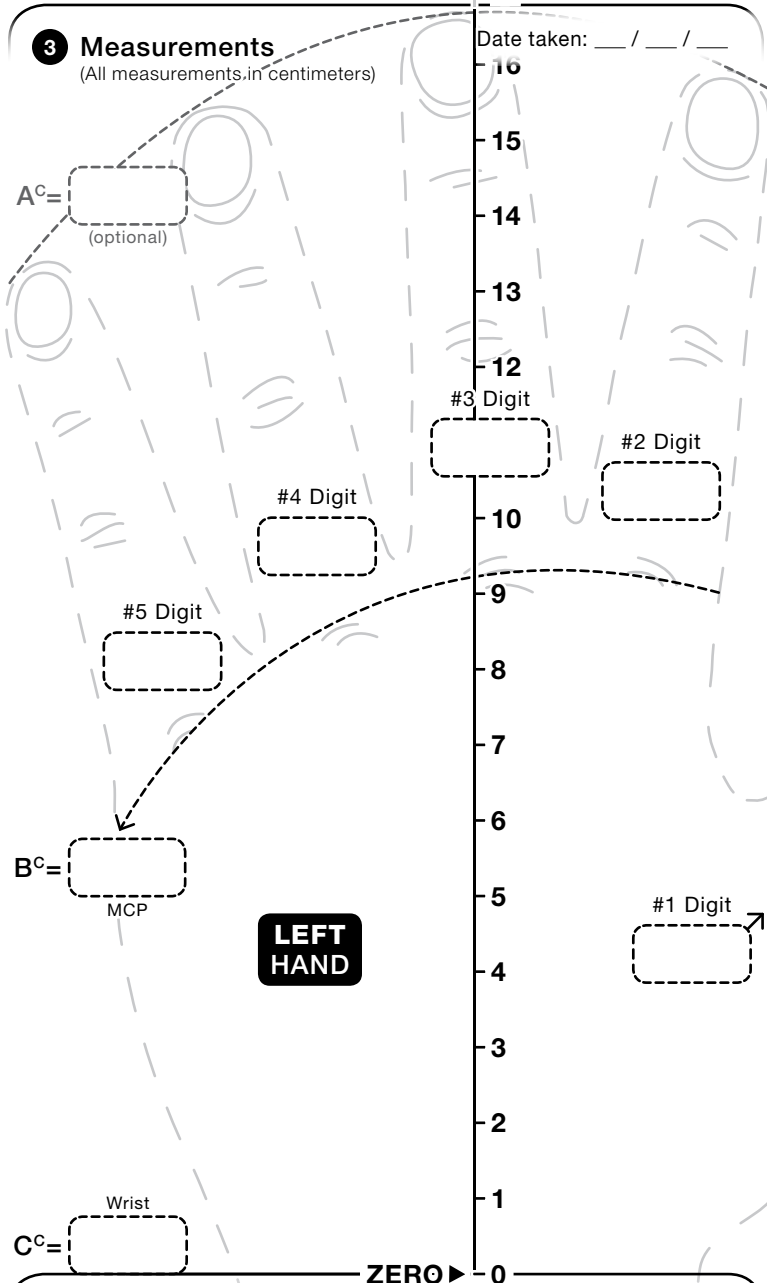
TributeNight™ Hand Order Form **L**

1 Patient Information

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

3 Measurements

(All measurements in centimeters)



Date taken: ___ / ___ / ___

2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Color Black Slate Purple Raspberry

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> VELCRO® fastener	_____
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Adjustable panels	_____

Accessories

Outer Jacket (OJ)
 Color: Black Slate Purple Raspberry
 Fastener type: VELCRO® Snap
 Modifications: Non-skid pads

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 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.



TributeNight™ Hand Order Form **R**

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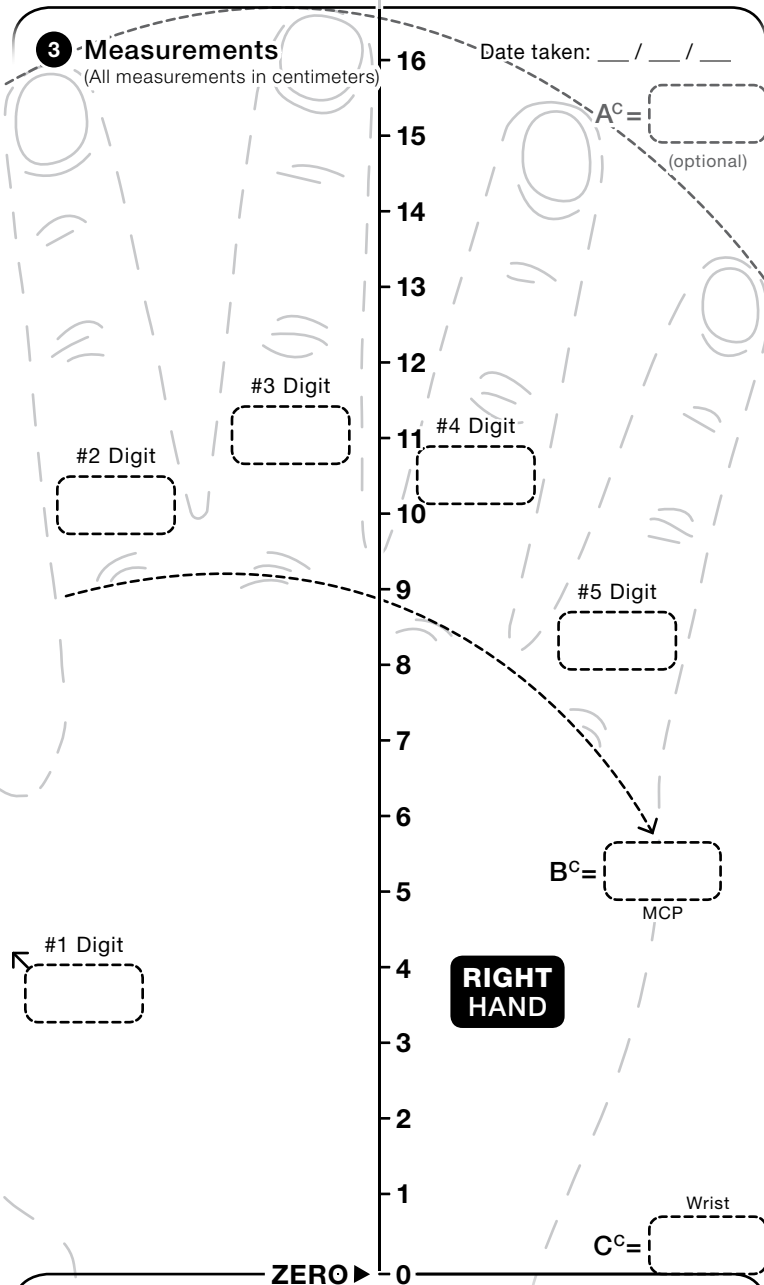
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3 Measurements

(All measurements in centimeters)



RIGHT HAND

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: _____