



Have questions? Need help?
Talk to a Design Consultant now!
Available M-F, 7:00AM-7:00PM Central.



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

Style Right Leg Left Leg LE - _____

Channeling Chevron Vertical

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

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

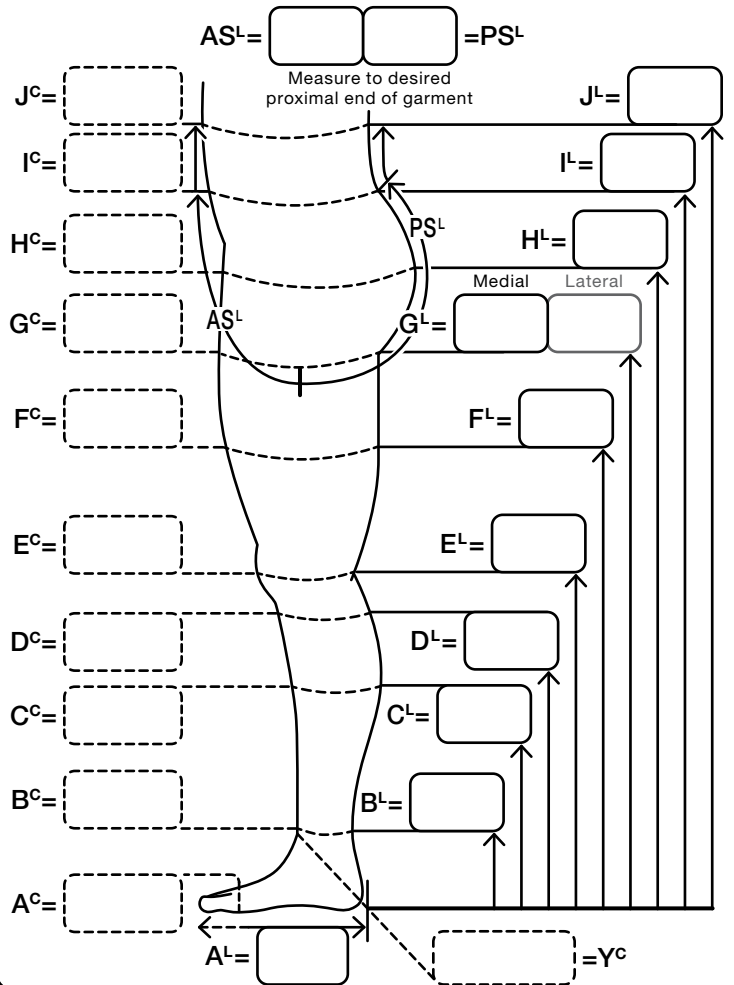
Quote Only

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

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