



# TributeNight™ Torso Order Form



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



SCAN TO CALL

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

TT - \_\_\_\_\_

**Style** Breast Tissue Turgor:  
 Firm  Moderate Drape  Lax

**Channeling**  Chevron (Design consult needed)  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                             | .....                       |
| L <input type="checkbox"/> Narrow <input type="checkbox"/> Wide | .....                       |
| ___ 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)

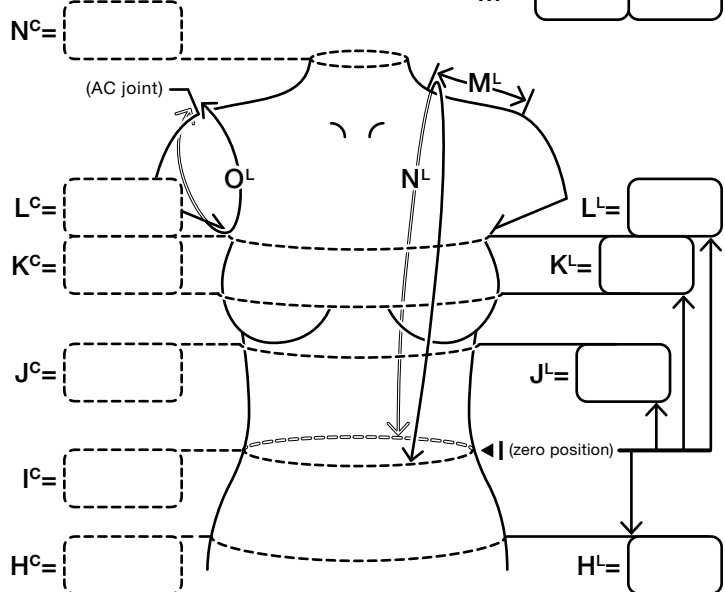
Date taken: \_\_\_ / \_\_\_ / \_\_\_

Patient Left Patient Right

O<sup>L</sup>=

N<sup>L</sup>=

M<sup>L</sup>=



## 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](mailto: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.