



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

**Style** Right Arm Left Arm UE - \_\_\_\_\_

**Channeling** Chevron Vertical (Design consult needed)

**Profile** Original Low

**Color** Black Slate Purple Raspberry

### Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> VELCRO® fastener Closure	_____
<input type="checkbox"/> Adjustable panels	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> Digit spacers	_____
<input type="checkbox"/> 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: \_\_\_\_\_

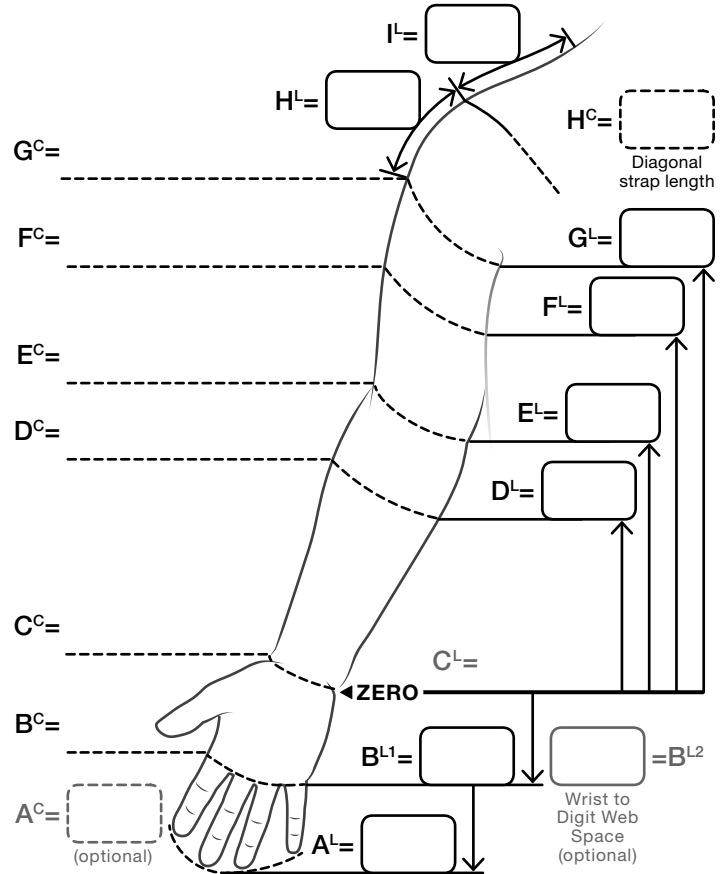
## 3 Measurements

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](mailto: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.



L&R INTERNAL USE ONLY

# TributeNight™ Torso Order Form

## 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 Slate Purple Raspberry

**Modifications**

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

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: \_\_\_\_\_

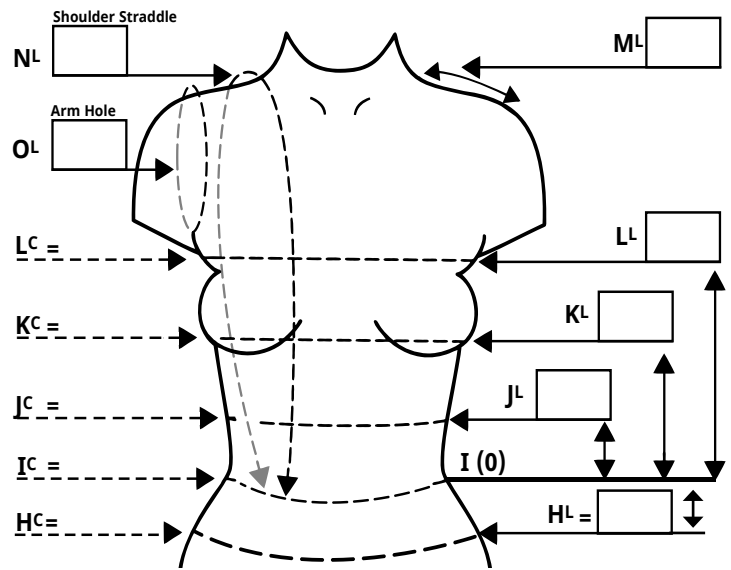
## 3 Measurements

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): \_\_\_\_\_

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# TributeNight™ Leg 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 Slate Purple Raspberry

### Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> VELCRO® fastener Closure	_____
<input type="checkbox"/> Adjustable panels	_____
<input type="checkbox"/> Non-skid pads	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> 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: \_\_\_\_\_

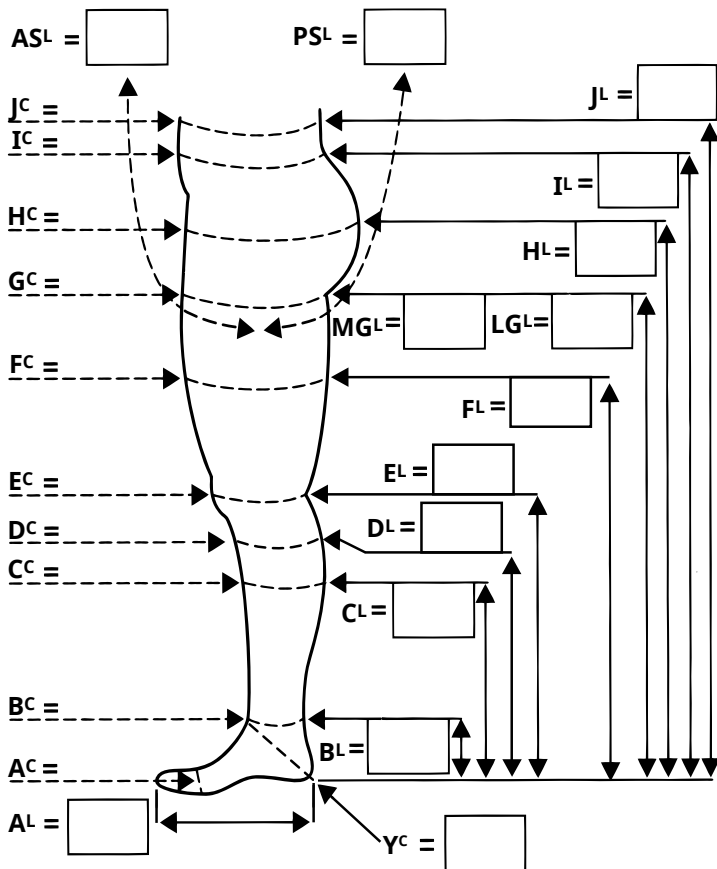
## 3 Measurements

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): \_\_\_\_\_

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# TributeNight™ Facial Order Form

## 1 Patient Information

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

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

## 2 Garment Design

**Style** FN - \_\_\_\_\_

**Channeling** (Default channeling varies based on garment style.)

**Profile** Original Low

**Color** Black (Only available in black.)

### Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Lip bridge	_____
<input type="checkbox"/> Tracheotomy accommodation	_____

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

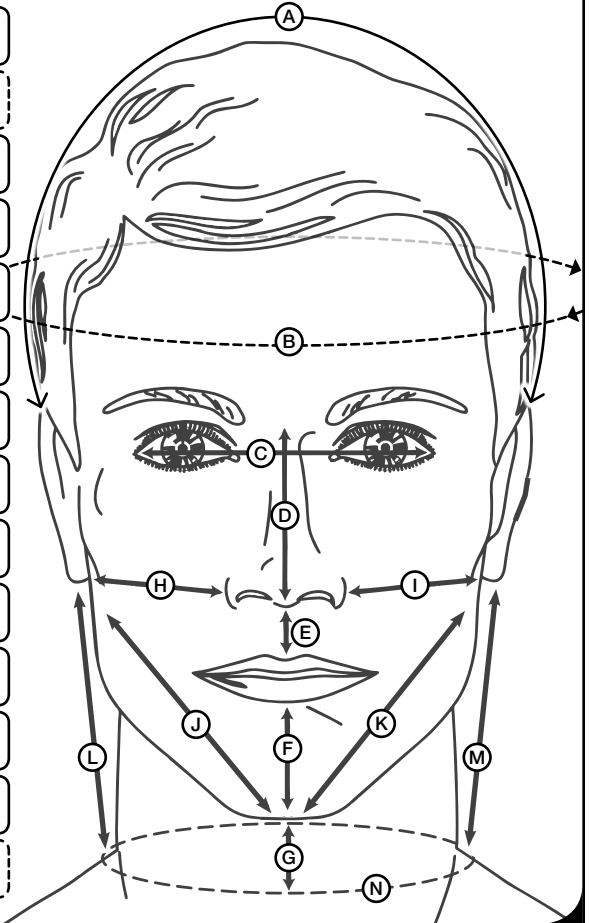
Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ SID: \_\_\_\_\_

## 3 Measurements

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

(All measurements in centimeters)

- A=
- B=
- C=
- D=
- E=
- F=
- G=
- H=
- I=
- J=
- K=
- L=
- M=
- N=



Denote areas of scarring or fibrosis with hash marks (////).

## 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](mailto:customdesigncenter@us.LRmed.com)

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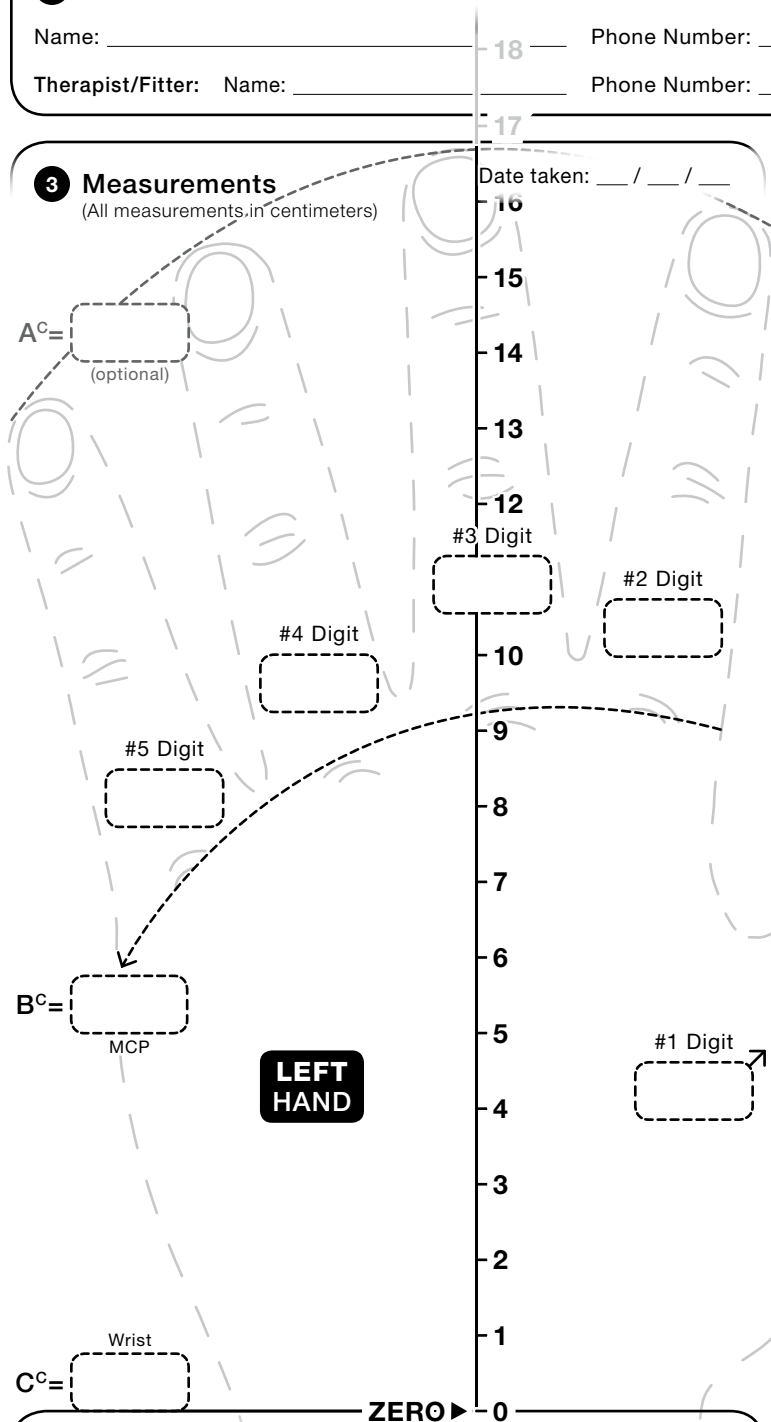
# TributeNight™ Hand Order Form **L**

## 1 Patient Information

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

## 3 Measurements

(All measurements in centimeters)



## 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 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.

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# TributeNight™ Hand Order Form **R**

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 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	_____
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 #: \_\_\_\_\_

## 5 Shipping Information

Shipping: Standard 4-Day Guarantee\*  
Priority Requested Delivery Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (for shipping notification): \_\_\_\_\_

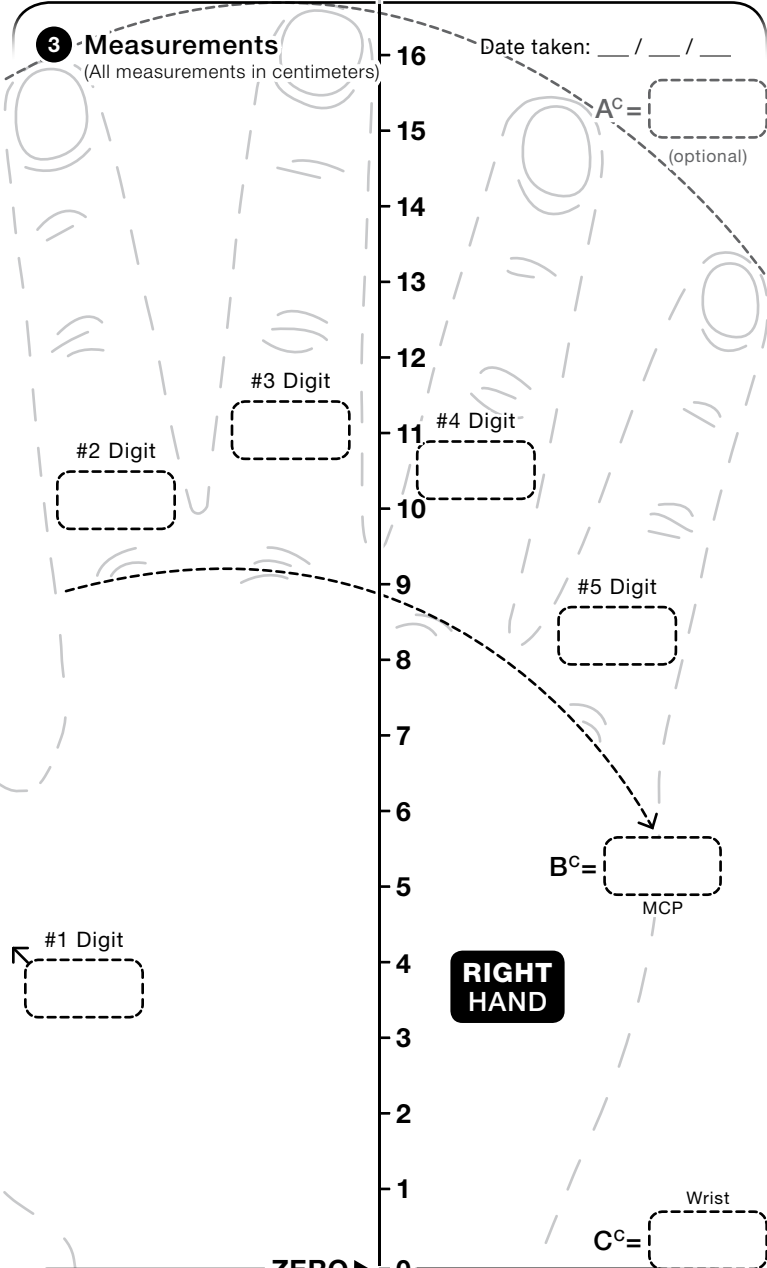
Fax completed order to 414-892-4150  
or email to [customdesigncenter@us.LRmed.com](mailto:customdesigncenter@us.LRmed.com)

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

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## 3 Measurements

(All measurements in centimeters)



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

## 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: \_\_\_\_\_