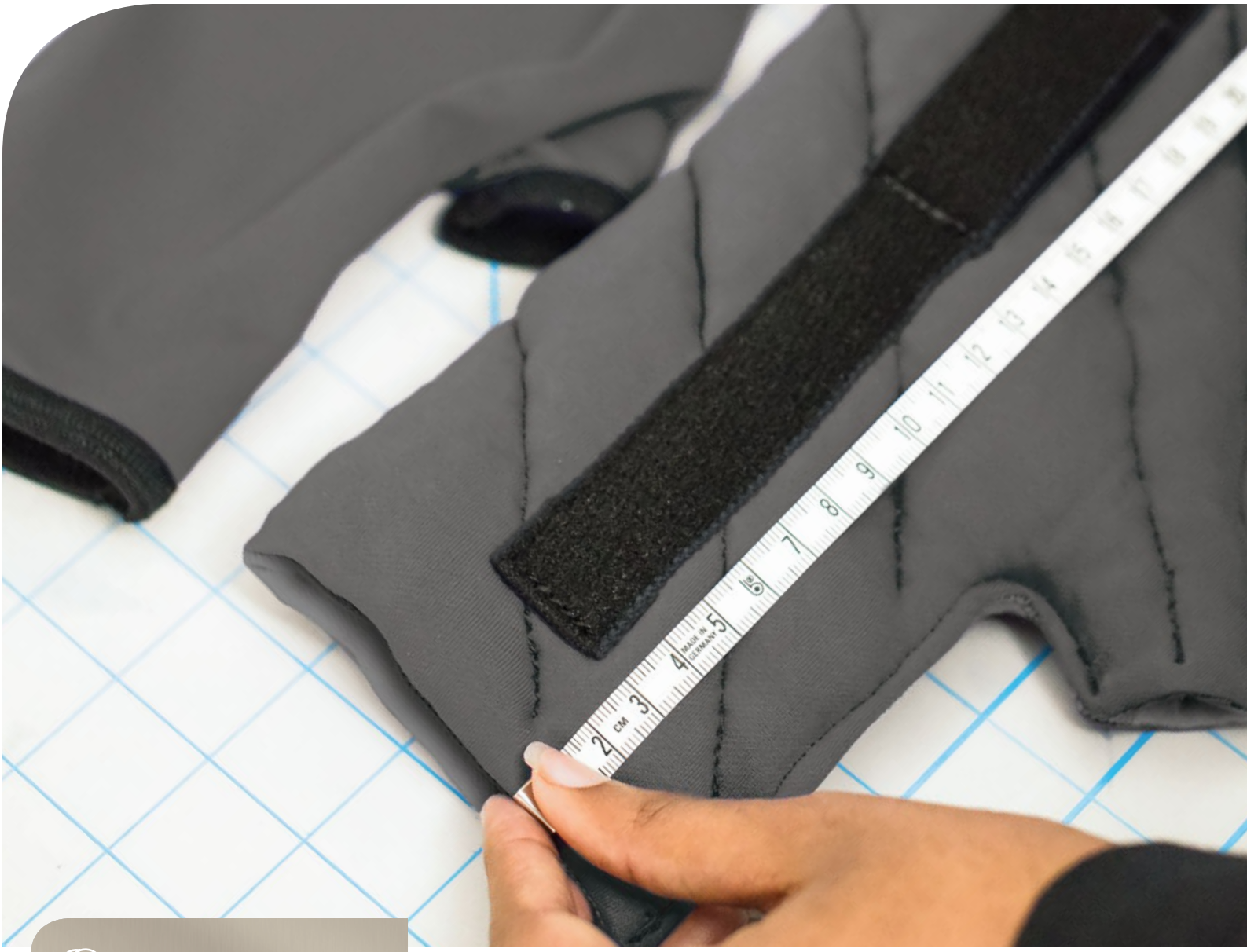
People.Health.Care.

TributeNight™

Measuring Instructions and Order Forms



Solaris Collection™

www.Lohmann-Rauscher.us

Solaris Collection™

BY L&R USA INC.

In the early 2000's, lymphedema treatment was still being developed in the United States. The "gold standard" of treatment — multi-layer bandaging — led to successful patient outcomes. However, patients often struggled to maintain therapy success on their own using bandaging. Lymphedema Therapists needed home therapy solutions for their patients managing this lifelong condition.

The Solaris Collection™ answers therapists' challenges by providing effective solutions to help patients live with lymphedema and edema. It not only supports therapists and fitters, but helps improve patients' quality of life.

The Solaris Collection's range of edema and lymphedema treatment solutions will continue to expand, by listening to your clinical challenges and creative ideas, as well as your patients' needs.

– The L&R USA Family

HOW TO MEASURE FOR

TributeNight™

Arm Garments	4
Torso Garments	6
Leg & Lower Torso Garments	8
Head & Neck Garments	10
Hand Garments	12

You may need to complete multiple Order Forms to provide the necessary measurements for your patient's garment.

About L&R USA INC.

L&R USA is an affiliate of our global parent company Lohmann & Rauscher, which has a 160–year history as a well-recognized and respected global manufacturer and supplier of compression therapy solutions and innovative wound care products. L&R USA provides you with effective compression solutions, including bandaging and the Solaris Collection™ of garments and wraps, to help you treat your lymphedema and edema patients.

When you use L&R USA products, you know your patients are in good hands with trusted brands like TributeNight™, ReadyWrap™, Rosidal® K, and Debrisoft®.

L&R USA — passionate about delivering innovative wound care and compression solutions.

HOW TO MEASURE FOR

TributeNight™ Arm Garments

① Mark the length reference points from where you would like the garment to start and end at the determined positions directly on your patient's skin using a water-based marker.

② Measure the circumferences in centimeters at those same marked reference points and record the measurements on the left side of the diagram on your Order Form. *(See details below.)*

③ Measure the length at each marked reference point, and record the measurements on the right side of the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Answers to Frequently Asked Questions

- In extreme presentations, measure the lobules, breast and/or pannus in a supported position.
- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

Circumferences

Left side of diagram

- A^C Measure the finger circumference at the determined **A** position (fingertips).
- B^C Measure the circumference at the determined **B** position (MCP).
- C^C Measure the circumference at the determined **C** position (wrist crease/zero position).
- D^C Measure the circumference at the determined **D** position (largest circumference of the forearm).
- E^C With the elbow in slight 10° to 20° flexion, measure the circumference at the determined **E** position.
- F^C Measure the circumference at the determined **F** position (largest circumference at the upper arm).
- G^C Measure the circumference at the determined **G** position (axilla).
- H^C Measure the diagonal circumference beginning at **H** position (AC joint) diagonally across the chest and under the opposing **G** position (axilla) diagonally back up to **H** position (AC joint).

Questions?
Please contact the Custom Design Center, available Monday–Friday, 7:00 AM–7:00 PM Central

414-892-5158
customdesigncenter@us.LRmed.com

Lengths

Right side of diagram

- A^L With the palm up, measure the length from **B** (MCP) to **A** (fingertip of middle finger/distal end of garment).
- B^{L1} With the palm up, measure the length from **C** (wrist crease/zero position) to B^{L1} (MCP of the middle finger).
- B^{L2} Optional: With the palm up, measure the length from **C** (wrist crease/zero position) to **B** (thumb web space).
- C^L Zero (0) position. No measurement needed.
- D^L Measure the length from **C** (wrist crease/zero position) to **D** (largest circumference of the forearm).
- E^L With the elbow in slight 10–20° flexion, measure the length from **C** (wrist crease/zero position) to **E** (elbow crease).
- F^L Measure the length from **C** (wrist crease/zero position) to **F** (largest circumference at the upper arm).
- G^L Measure the length from **C** (wrist crease/zero position) to **G** (axilla). *A pencil can be placed in the armpit as a visual guide.*
- H^L Measure the length from the lateral **G** (axilla) to **H** (AC joint).
- I^L Measure the length from **H** (AC joint) to **I** (high point shoulder/base of neck).

TributeNight™ Arm Order Form

L&R INTERNAL USE ONLY

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 ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	
___	Pull-up loops	
___	Digit spacers	
___	Snap tape	

Accessories

___ Variable Compression Jacket (VCJ)

___ Outer Jacket (OJ)
- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap

___ Easy Slide Donning Aid

Special Instructions:

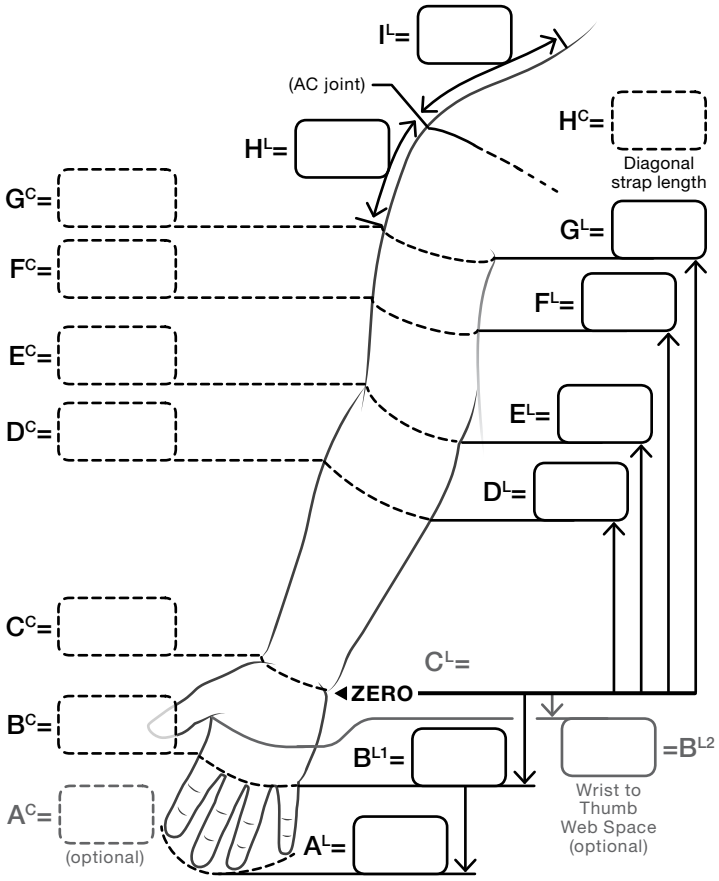
☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

C = Circumference **L = Length**



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
○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ 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.

HOW TO MEASURE FOR

TributeNight™ Torso Garments

① Mark the length reference points from where you would like the garment to start and end at the determined positions directly on your patient's skin using a water-based marker.

② Measure the circumferences in centimeters at those same marked reference points and record the measurements on the left side of the diagram on your Order Form. *(See details below.)*

③ Measure the length at each marked reference point, and record the measurements on the right side of the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Answers to Frequently Asked Questions

- In extreme presentations, measure the lobules, breast and/or pannus in a supported position.
- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

Circumferences

Left side of diagram

- H^C Measure hip circumference at determined **H** position (Iliac Crest).
- I^C Measure waist circumference at determined **I** (natural waistline/zero position)
- J^C Measure circumference at determined **J** position (just below chest). Lift chest if necessary.
- K^C Measure chest circumference at determined **K** position (mid-breast/fullest part of breast line). For unilateral mastectomy, measure left and right side independently from anterior midline of chest to posterior midline.
- L^C Measure circumference at determined **L** position (superior chest).
- N^C Measure **N** circumference of the neck at its greatest circumference.

Lengths

Right side of diagram

- H^L Measure length from **I** (natural waistline/zero position) below transverse watershed to **H** position (Iliac Crest).
- I^L Zero (0) position. No measurement needed.
- J^L Measure length from **I** (natural waistline/ zero position) to **J** (just below breast).
- K^L Measure length from **I** (natural waistline/zero position) to **K** (mid-breast/fullest part of the breast line).
- L^L Measure length from **I** (natural waistline/ zero position) to **L** (axilla). *A pencil can be placed in the armpit as a visual guide.*
- M^L Measure shoulder length of **M** from HPS (high point shoulder/base of neck) to AC Joint.
- N^L Measure shoulder straddle length of **N** from determined anterior **I** (natural waistline/zero position), over shoulder and back to posterior **I** (natural waistline/zero position)
- O^L Measure length of **O** from AC joint, under axilla and back to starting AC joint position.

Questions?
Please contact the Custom Design Center, available Monday–Friday, 7:00 AM–7:00 PM Central

414-892-5158
customdesigncenter@us.LRmed.com

TributeNight™ Torso Order Form

L&R INTERNAL USE ONLY

1 Patient Information

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

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

2 Garment Design

Style

TT - _____

Breast Tissue Turgor:
O Firm O Moderate Drape O Lax

Channeling O Chevron (Design consult needed) O Vertical

Profile O Original O Low

Color O Black O Blue O Purple O Raspberry O Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	
___	Snap tape	

Special Instructions:

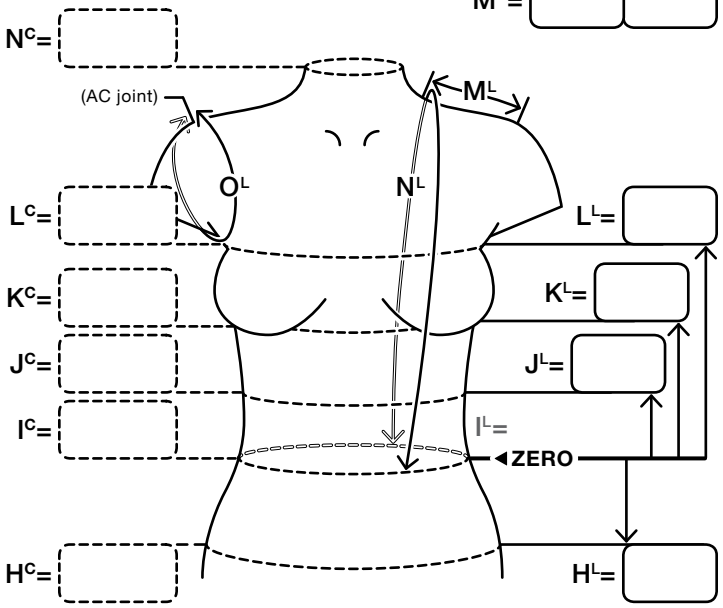
☐ Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

	Patient Left	Patient Right
O^L=		
N^L=		
M^L=		



4 Billing Information

☐ Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: O Credit card (provide number below) O Net 30

Card #: _____ Exp: ___ /___ SID: ____

5 Shipping Information

Shipping: O Standard
O Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ 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.

1251T.4 18/10

HOW TO MEASURE FOR

TributeNight™ Leg & Lower Torso Garments

① Mark the length reference points from where you would like the garment to start and end at the determined positions directly on your patient's skin using a water-based marker.

② Measure the circumferences in centimeters at those same marked reference points and record the measurements on the left side of the diagram on your Order Form. *(See details below.)*

③ Measure the length at each marked reference point, and record the measurements on the right side of the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Answers to Frequently Asked Questions

- In extreme presentations, measure the lobules, breast and/or pannus in a supported position.
- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

Circumferences

Left side of diagram

- A^C Measure foot circumference at determined **A** position (distal end of garment on foot).
- B^C Measure circumference at determined **B** position (largest ankle circumference).
- Y^C Measure circumference at determined **Y** position (heel/zero position) by taking a diagonal measurement over anterior foot back to posterior heel.
- C^C Measure circumference of calf at determined **C** position (largest calf circumference).
- D^C Measure circumference just below patella at determined **D** position (below patella).
- E^C Measure circumference at determined **E** position (mid-patella).
- F^C Measure circumference of upper leg at determined **F** position (largest thigh circumference).
- G^C Measure circumference straight across at determined **G** position (groin).
- H^C Measure circumference across hips at determined **H** position (Iliac Crest).
- I^C Measure circumference at determined **I** position (natural waistline).
- J^C Measure circumference at determined **J** position (under breast).

Questions? Please contact the Custom Design Center, available Monday–Friday, 7:00 AM–7:00 PM Central

414-892-5158
customdesigncenter@us.LRmed.com

Lengths

Right side of diagram

- A^L Measure foot length from **Y** (heel/zero position) to **A** (distal end of garment on foot).
- B^L Measure lateral leg length from **Y** (heel/zero position) to **B** (largest ankle circumference).
- C^L Measure lateral leg length from **Y** (heel/zero position) to **C** (largest calf circumference).
- D^L Measure lateral leg length from **Y** (heel/zero position) to **D** (below patella).
- E^L Measure lateral leg length from **Y** (heel/zero position) to **E** (mid-patella).
- F^L Measure lateral leg length from **Y** (heel/zero position) to **F** (largest thigh circumference).
- LG^L Optional: Measure lateral leg length from **Y** (heel/zero position) to **G** (groin). *A pencil can be placed in groin as a visual guide.*
- MG^L Measure medial leg length from medial **Y** (zero position) to medial **G** length (groin).
- H^L Measure lateral leg length from **Y** (heel/zero position) to **H** (Iliac Crest).
- I^L Measure lateral leg length from **Y** (heel/zero position) to **I** (natural waistline).
- J^L Measure lateral leg length from **Y** (heel/zero position) to **J** (under chest).
- AS^L Measure **AS** (anterior straddle length) from mid-crotch to desired anterior proximal end of garment.
- PS^L Measure **PS** (posterior straddle length) from mid-crotch to desired posterior proximal end of garment.

L&R INTERNAL USE ONLY

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	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	
___	Non-skid pads	
___	Pull-up loops	
___	Snap tape	

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

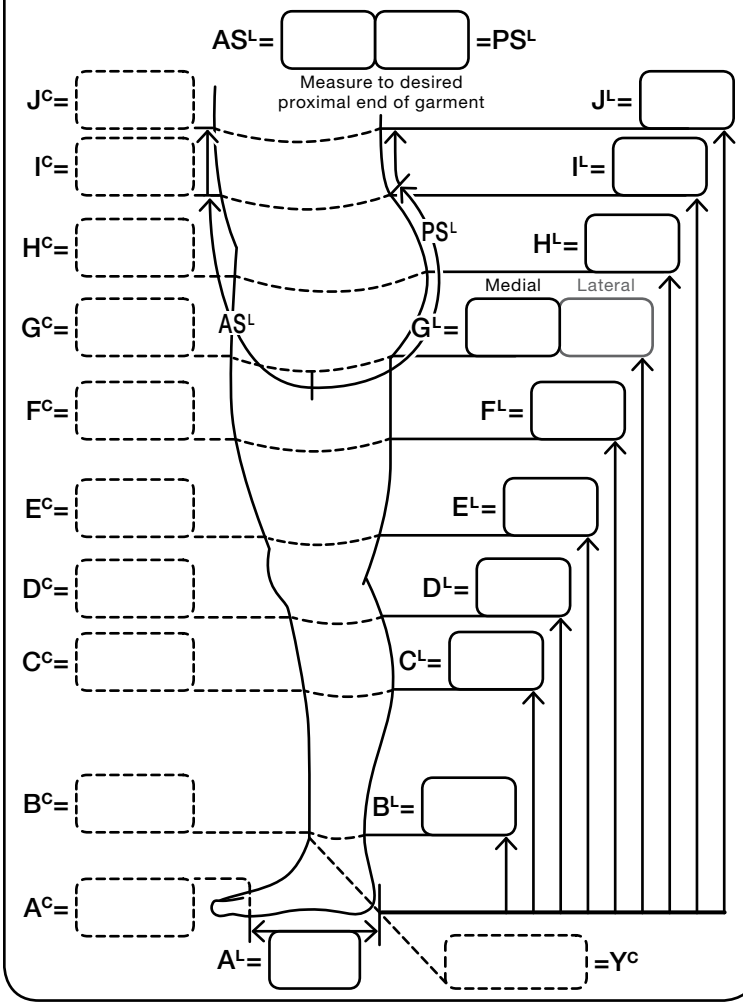
Special Instructions:

☐Exact Reorder of Order #: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)



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 ○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ 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.

1251L.4 18/10

HOW TO MEASURE FOR

TributeNight™ Head & Neck Garments

① Mark the length reference points from where you would like the garment to start and end at the determined positions directly on your patient's skin using a water-based marker.

② Measure the circumferences in centimeters at those same marked reference points and record the measurements on the left side of the diagram on your Order Form. *(See details below.)*

③ Measure the length at each marked reference point, and record the measurements on the right side of the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Answers to Frequently Asked Questions

- In extreme presentations, measure the lobules, breast and/or pannus in a supported position.
- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

Circumferences

Measure **B** circumference around the forehead.

Measure **N** circumference of the neck at its greatest circumference.

Lengths

Measure **A** length over the top of the head from one ear tip to the other ear tip.

Measure the horizontal **C** length from the outer crease of the right eye to the outer crease of the left eye.

Measure **D** length of the nose from the bridge to the tip.

Measure **E** length from the base of the nose to the top of the upper lip.

Measure **F** length from the bottom of the lower lip to the tip of the chin.

Measure **G** length from the tip of the chin to the sternoclavicular notch, following the contour of the neck with the chin in relaxed position.

Measure the horizontal **H** length from the right ear lobe crease to the right nostril crease.

Measure the horizontal **I** length from the left ear lobe crease to the left nostril crease.

Measure **J** length from the right TMJ to the midpoint of the chin, following the mandibular contour.

Measure **K** length from the left TMJ to the midpoint of the chin, following the mandibular contour.

Measure **L** length from the right ear lobe to the high point of shoulder (HPS).

Measure **M** length from the left ear lobe to the high point of shoulder (HPS).

Questions?
Please contact the Custom Design Center, available Monday–Friday, 7:00 AM–7:00 PM Central

414-892-5158
customdesigncenter@us.LRmed.com

L&R INTERNAL USE ONLY

TributeNight™ Head & Neck 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
___ Lip bridge	----------
___ Tracheotomy accommodation	----------

Special Instructions:

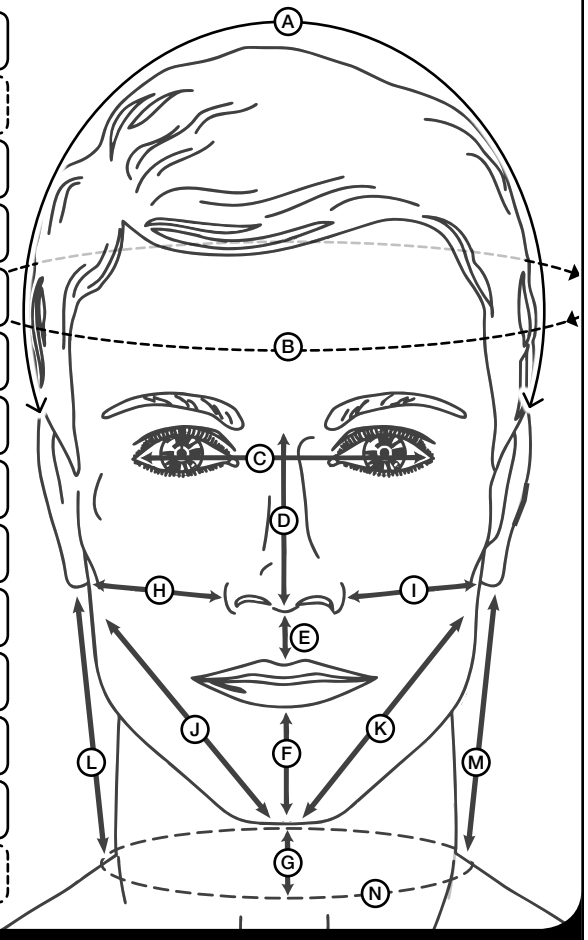
☐Exact Reorder of Order #: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

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



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

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
○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ 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.

1251HN.4 18/10

HOW TO MEASURE FOR

TributeNight™ Hand Garments

① Trace the hand on the order form, or a separate piece of paper.

② Measure the length at each marked reference point, and record the measurements on the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Circumferences

- **A**^{C} Optional: In a relaxed position, measure the distal circumference at the determined **A** position (digits #2–5).
- **B**^{C} Measure the circumference at the determined **B** position (MCP) on the palm of the hand.
- **C**^{C} Measure the circumference at the determined **C** position (wrist over the styloid).
- **D**^{C} Measure the proximal circumference at the determined **D** position (#1 digit/thumb).
- **E**^{C} Measure the proximal circumference at the determined **E** position (#2 digit/index finger).
- **F**^{C} Measure the proximal circumference at the determined **F** position (#3 digit/middle finger).
- **G**^{C} Measure the proximal circumference at the determined **G** position (#4 digit/ring finger).
- **H**^{C} Measure the proximal circumference at the determined **H** position (#5 digit/small finger).

Questions?
Please contact the Custom Design Center, available Monday–Friday, 7:00 AM–7:00 PM Central

414-892-5158
customdesigncenter@us.LRmed.com

Answers to Frequently Asked Questions

- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

TributeNight™ Hand Order Form L

L&R INTERNAL USE ONLY

1 Patient Information

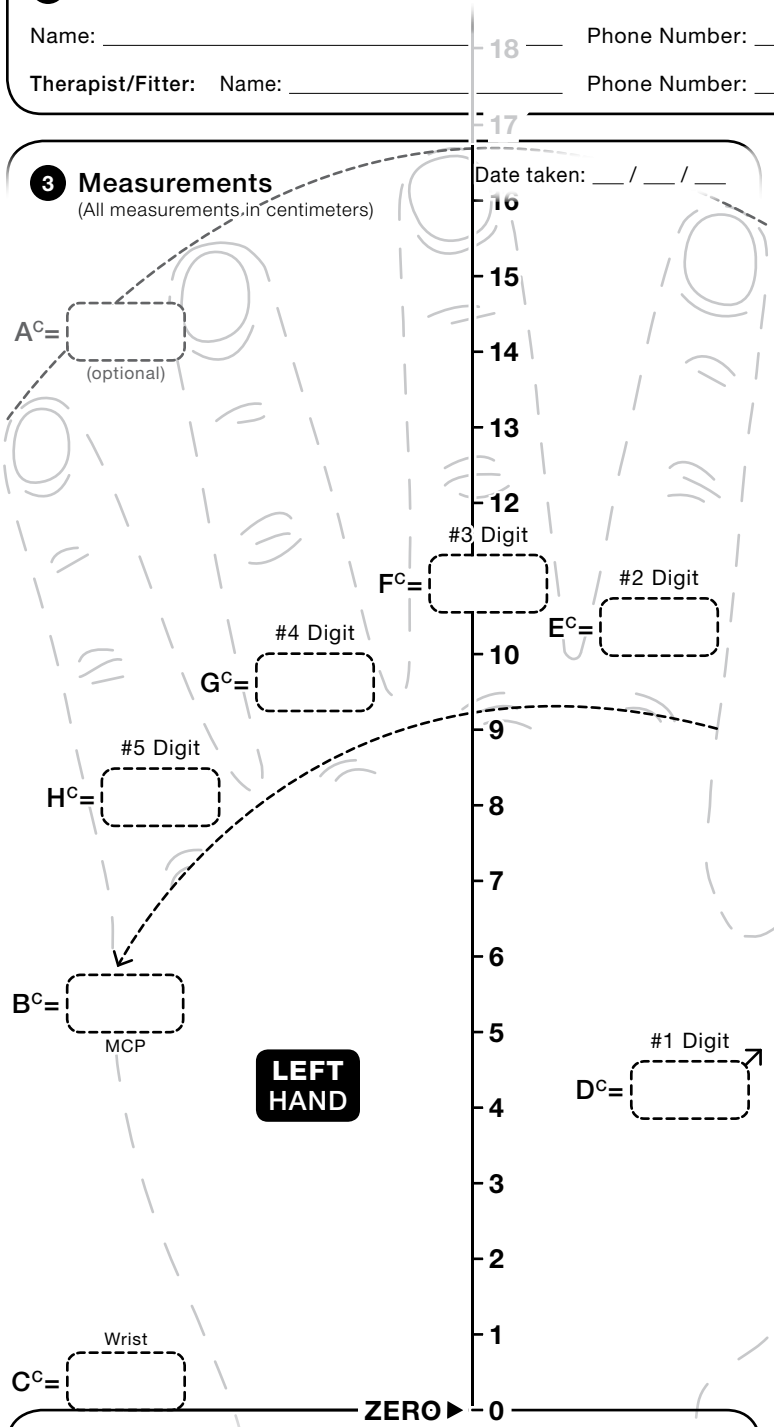
Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

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

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: ____

2 Garment Design

Style UE - _____

Channeling ☐Vertical (Chevron channeling not available.)

Profile ○Original ○Low

Color ○Black ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	

Accessories

___ Outer Jacket (OJ)
- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap
- Modifications: ☐Non-skid pads

Special Instructions:

☐Exact Reorder of Order #: _____

5 Shipping Information

Shipping: ○Standard
○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ 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.

1251HL.4 18/10

L&R INTERNAL USE ONLY

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 ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	

Accessories

___ Outer Jacket (OJ)
- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap
- Modifications: ☐Non-skid pads

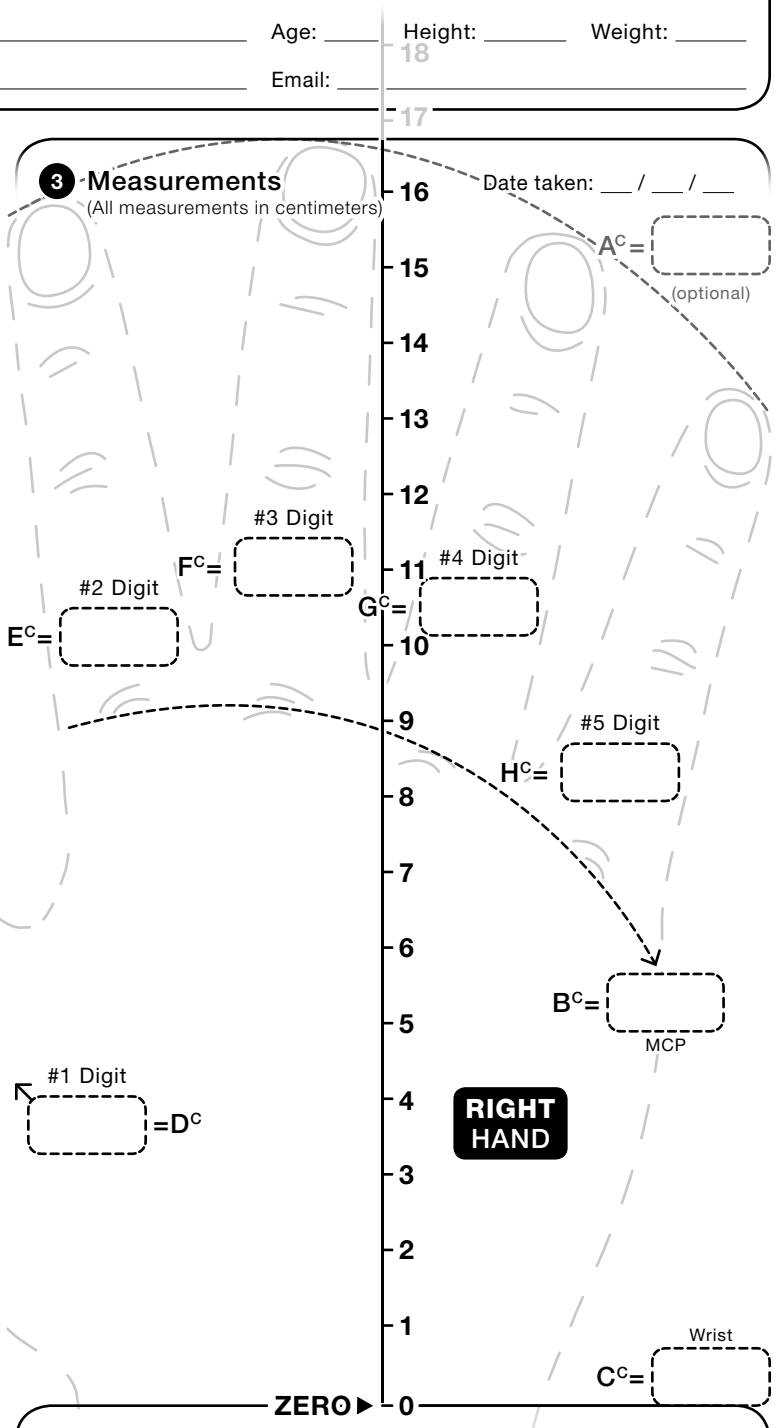
Special Instructions:

☐Exact Reorder of Order #: _____

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: ____

5 Shipping Information

Shipping: ○Standard
○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150
or email to customdesigncenter@us.LRmed.com

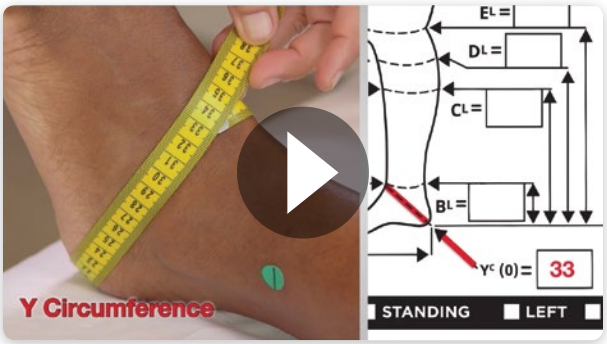
L&R USA INC. will reply with an order confirmation and cost.
Questions? Call Custom Design Center at 1-414-892-5158.

Have questions?
Our customer support team is here to help.

Measuring Videos

As you are learning to measure for TributeNight garments, or if you just need a reminder, we're excited to offer quick and easy instructional videos on how to measure for TributeNight garments.

There is a video for the arm, leg, torso, head/neck, and hand — just like the measurement forms. What makes these educational videos so great is that they walk you through each step of how measurements should be taken, and where they should be recorded on the form with a side-by-side visual.



These videos are conveniently located on our website where you can access them 24/7.

lohmann-rauscher.us/tributenight-measuring

If you have further questions about measuring, you can always reach out to our friendly and experienced Custom Design Center team.

Custom Design Center

The Custom Design Center is available
Monday through Friday, 7:00AM–7:00PM Central

414-892-5158

CustomDesignCenter@us.LRmed.com

Video conference

Travel

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L&R USA INC.
3880 W Wheelhouse Road
Milwaukee, WI 53208 USA

Phone: 855-892-4140, 414-892-4140
Fax: 414-892-4150
Email: inquiries@us.LRmed.com

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