



TributeNight™ Arm 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

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	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Adjustable straps w/Finger grip	_____
└ <input type="checkbox"/> Narrow <input type="checkbox"/> Wide	_____
___ Pull-up loops	_____
___ Digit spacers	_____
___ 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
- ___ 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: _____

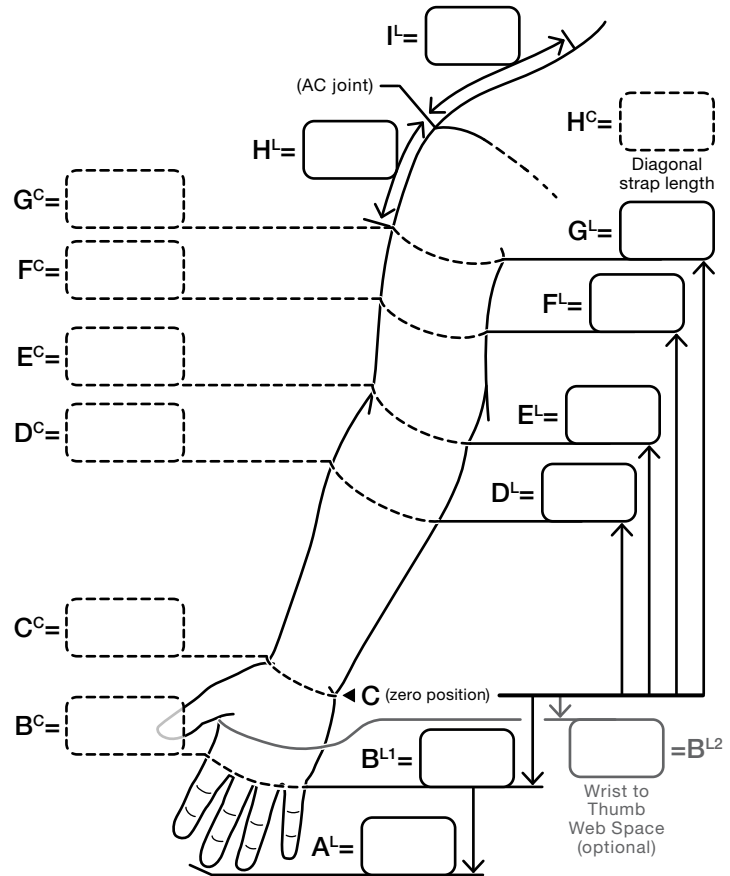
3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

C = Circumference

L = Length



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.



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)

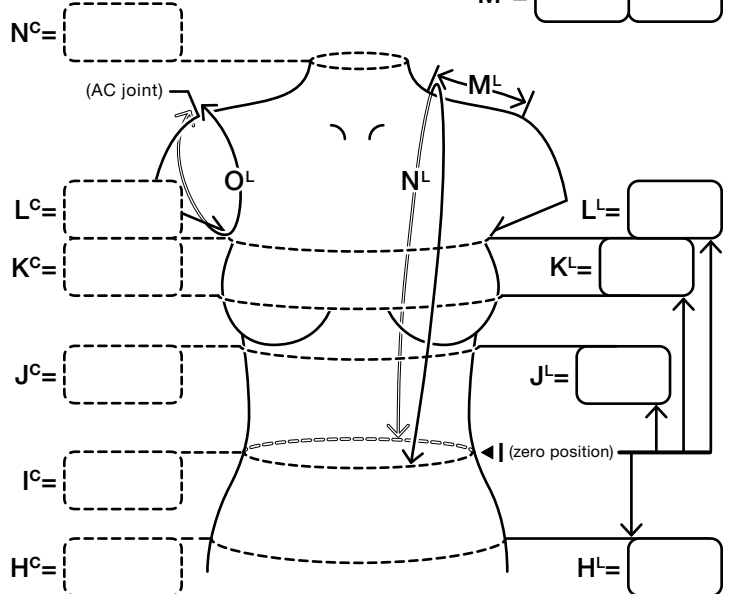
Date taken: ___ / ___ / ___

Patient Left Patient Right

O^L=

N^L=

M^L=



5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____

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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
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable straps w/Finger grip	_____
<input type="checkbox"/> Narrow <input type="checkbox"/> Wide	_____
<input type="checkbox"/> Non-skid pads	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> Snap tape	_____
<input type="checkbox"/> 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

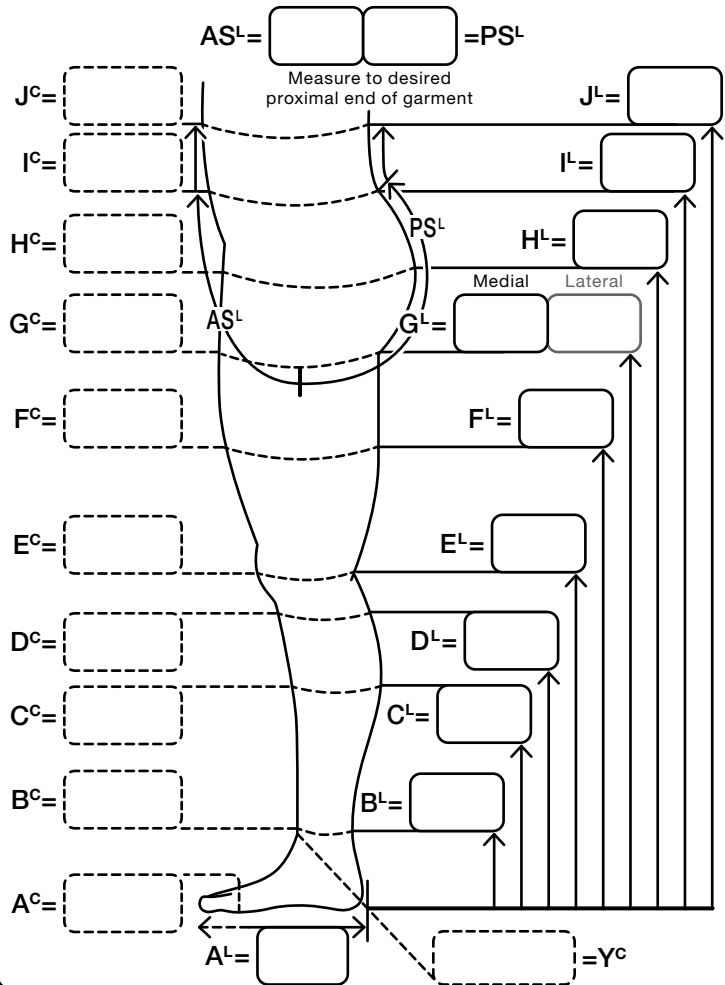
Quote Only

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.



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SCAN TO CALL

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
<input type="checkbox"/> Lip bridge
<input type="checkbox"/> Tracheotomy accommodation
<input type="checkbox"/> Adjustable panels (VELCRO® brand)
<input type="checkbox"/> Adjustable straps w/Finger grip
<input type="checkbox"/> Narrow <input type="checkbox"/> Wide

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^L=

B^C=

C^L=

D^L=

E^L=

F^L=

G^L=

H^L=

I^L=

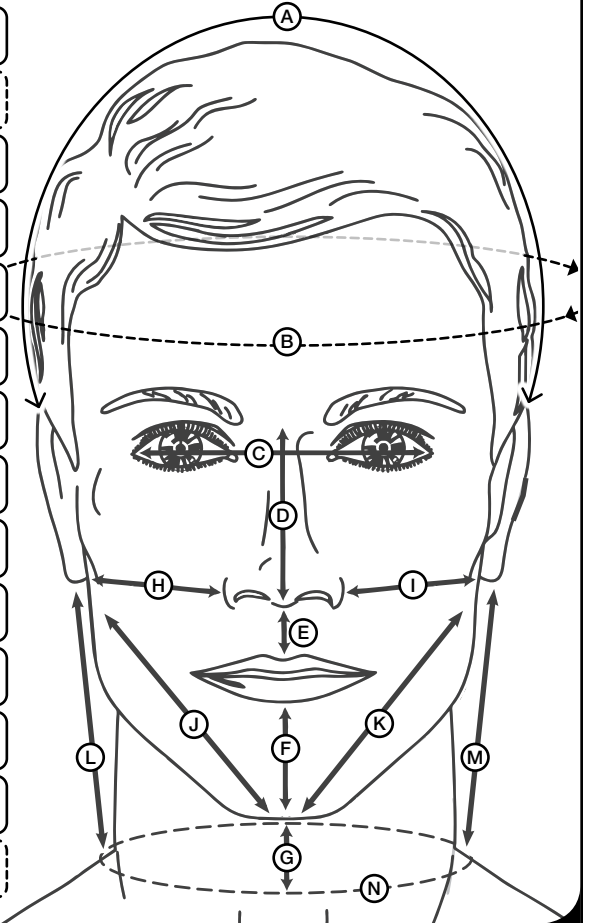
J^L=

K^L=

L^L=

M^L=

N^C=



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

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.



TributeNight™ Hand Order Form **L**



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



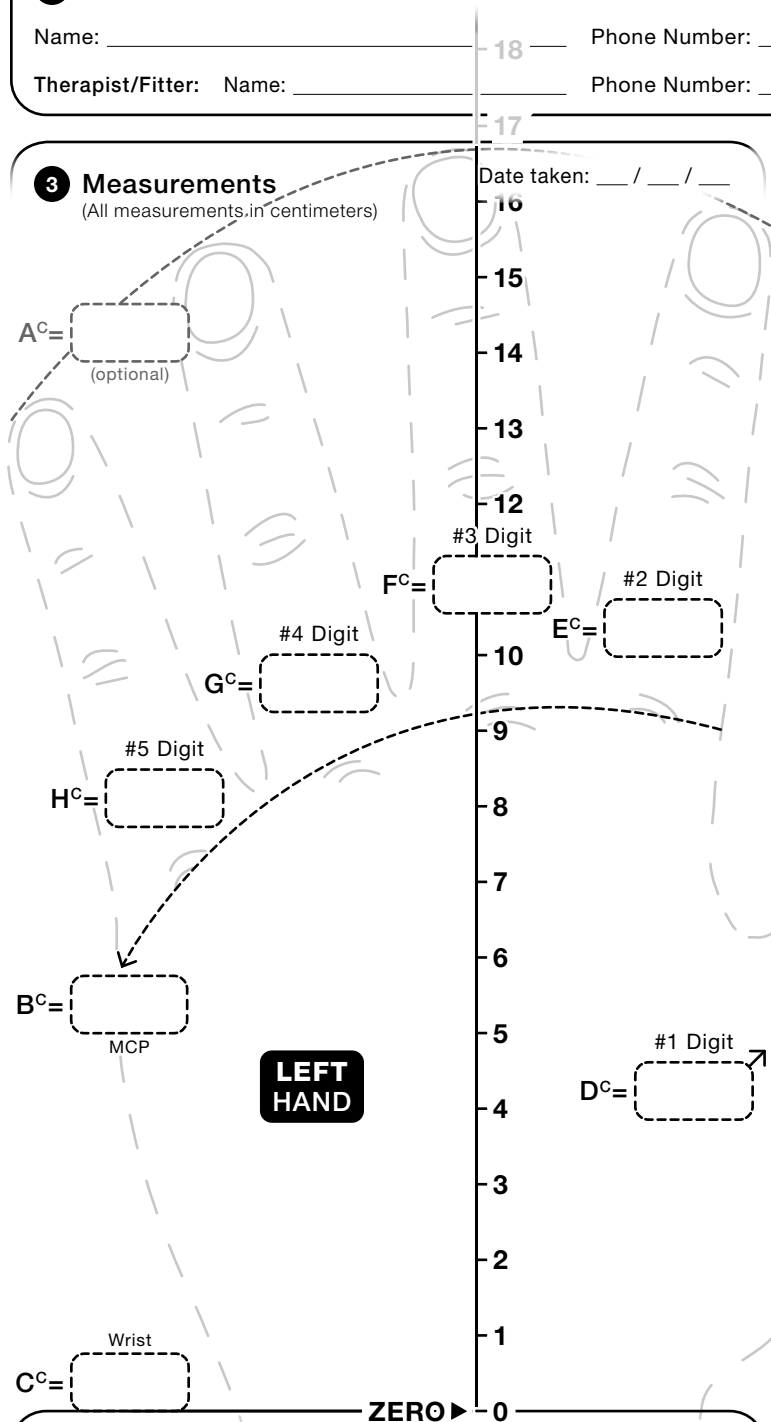
SCAN TO CALL

1 Patient Information

Name: _____ 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 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 | _____ |
| _____ Closure (VELCRO® brand) | _____ |
- Accessories**
- _____ Outer Jacket (OJ)
- Color: Black Blue Purple Raspberry Slate
- Fastener type: VELCRO® brand fastener Snap

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
 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.



TributeNight™ Hand Order Form **R**



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

Style UE - _____
Channeling Vertical (Chevron channeling not available.)
Profile Original Low
Color Black Blue Purple Raspberry Slate

Modifications

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

Accessories

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

Special Instructions: _____

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

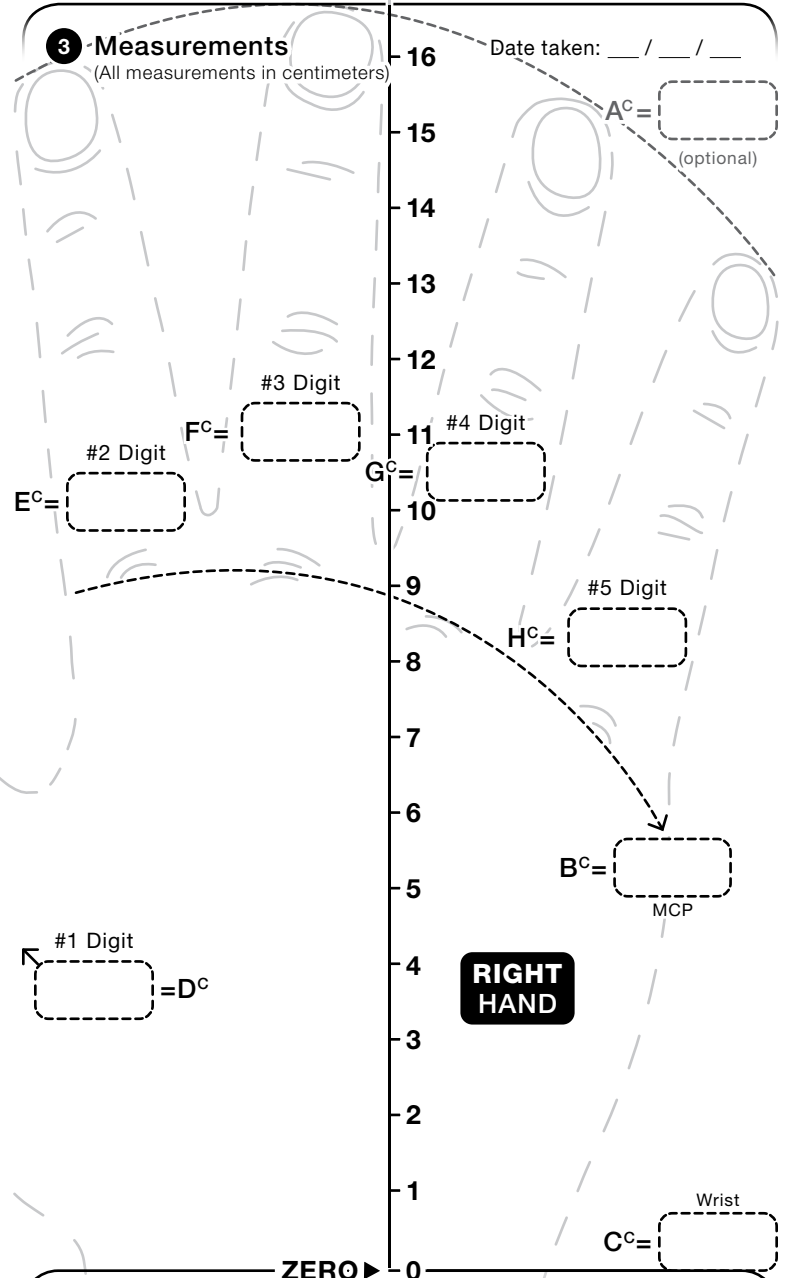
Province Postal Code

Phone: _____

Email (for shipping notification): _____

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: _____

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.



L&R INTERNAL USE ONLY

ReadyWrap® Order Form

**UPPER
EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

ReadyWrap Gauntlet

sold individually

Size	Orientation	Color	Item No.	QTY
Small	Left	Beige	304490	
		Black	304491	
	Right	Beige	304498	
		Black	304499	
Medium	Left	Beige	304488	
		Black	304489	
	Right	Beige	304496	
		Black	304497	
Large	Left	Beige	104486	
		Black	104487	
	Right	Beige	104494	
		Black	104495	
X-Large	Left	Beige	104492	
		Black	104493	
	Right	Beige	104500	
		Black	104501	

ReadyWrap Arm

sold individually

Size	Length	Color	Item No.	QTY	
Small	Short	Beige	304514		
		Black	304515		
	Regular (Average)	Beige	304516		
		Black	304517		
		Long (Tall)	Beige	304518	
			Black	304519	
Medium	Short	Beige	304508		
		Black	304509		
	Regular (Average)	Beige	304510		
		Black	304511		
		Long (Tall)	Beige	304512	
			Black	304513	
Large	Short	Beige	104502		
		Black	104503		
	Regular (Average)	Beige	104504		
		Black	104505		
		Long (Tall)	Beige	104506	
			Black	104507	
X-Large	Short	Beige	104520		
		Black	104521		
	Regular (Average)	Beige	104522		
		Black	104523		
		Long (Tall)	Beige	104524	
			Black	104525	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ReadyWrap® Order Form

**LOWER
EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

3 Products

ReadyWrap Toe

Size	<>	Color	QTY
S	Left	Beige	
		Black	
S	Right	Beige	
		Black	
M	Left	Beige	
		Black	
M	Right	Beige	
		Black	
L	Left	Beige	
		Black	
L	Right	Beige	
		Black	
XL	Left	Beige	
		Black	
XL	Right	Beige	
		Black	
XXL	Left	Beige	
		Black	
XXL	Right	Beige	
		Black	

ReadyWrap Foot CT

Size	↕	<>	Color	QTY
S	Reg.	Left	Beige	
			Black	
S	Right	Left	Beige	
			Black	
S	Left	Left	Beige	
			Black	
S	Right	Left	Beige	
			Black	
M	Reg.	Left	Beige	
			Black	
M	Right	Left	Beige	
			Black	
M	Left	Left	Beige	
			Black	
M	Right	Left	Beige	
			Black	
L	Reg.	Left	Beige	
			Black	
L	Right	Left	Beige	
			Black	
L	Left	Left	Beige	
			Black	
L	Right	Left	Beige	
			Black	
XXL	Reg.	Left	Beige	
			Black	
XXL	Right	Left	Beige	
			Black	
XXL	Left	Left	Beige	
			Black	
XXL	Right	Left	Beige	
			Black	

ReadyWrap Foot SL

Size	↕	<>	Color	QTY
S	Reg.	Left	Beige	
			Black	
S	Right	Left	Beige	
			Black	
S	Left	Left	Beige	
			Black	
S	Right	Left	Beige	
			Black	
M	Reg.	Left	Beige	
			Black	
M	Right	Left	Beige	
			Black	
M	Left	Left	Beige	
			Black	
M	Right	Left	Beige	
			Black	
L	Reg.	Left	Beige	
			Black	
L	Right	Left	Beige	
			Black	
L	Left	Left	Beige	
			Black	
L	Right	Left	Beige	
			Black	
XXL	Reg.	Left	Beige	
			Black	
XXL	Right	Left	Beige	
			Black	
XXL	Left	Left	Beige	
			Black	
XXL	Right	Left	Beige	
			Black	

ReadyWrap Calf

Size	↕	Color	QTY
S	Regular	Beige	
		Black	
S	Long	Beige	
		Black	
M	Regular	Beige	
		Black	
M	Long	Beige	
		Black	
L	Regular	Beige	
		Black	
L	Long	Beige	
		Black	
XL	Regular	Beige	
		Black	
XL	Long	Beige	
		Black	
XXL	Regular	Beige	
		Black	
XXL	Long	Beige	
		Black	

ReadyWrap Thigh

Size	↕	Color	QTY
S	Regular	Beige	
		Black	
S	Long	Beige	
		Black	
M	Regular	Beige	
		Black	
M	Long	Beige	
		Black	
L	Regular	Beige	
		Black	
L	Long	Beige	
		Black	
XL	Regular	Beige	
		Black	
XL	Long	Beige	
		Black	
XXL	Regular	Beige	
		Black	
XXL	Long	Beige	
		Black	

ReadyWrap Fusion Kit

Size	↕	Color	QTY
XL	Regular	Beige	
		Black	
XL	Long	Beige	
		Black	
XXL	Regular	Beige	
		Black	
XXL	Long	Beige	
		Black	

ReadyWrap Foot

Size	<>	Color	QTY
S	Left	Beige	
		Black	
S	Right	Beige	
		Black	
M	Left	Beige	
		Black	
M	Right	Beige	
		Black	
L	Left	Beige	
		Black	
L	Right	Beige	
		Black	
XL	Left	Beige	
		Black	
XL	Right	Beige	
		Black	

ReadyWrap Knee

Size	Color	QTY
S	Beige	
	Black	
M	Beige	
	Black	
L	Beige	
	Black	
XL	Beige	
	Black	
XXL	Beige	
	Black	

ReadyWrap Fusion Kit

Size	↕	Color	QTY
S	Regular	Beige	
		Black	
S	Long	Beige	
		Black	
M	Regular	Beige	
		Black	
M	Long	Beige	
		Black	
L	Regular	Beige	
		Black	
L	Long	Beige	
		Black	

ReadyWrap Fusion Liners*

Size	↕	QTY
S	Reg.	
	Lng.	
M	Reg.	
	Lng.	
L	Reg.	
	Lng.	
XL	Reg.	
	Lng.	
XXL	Reg.	
	Lng.	

ReadyWrap Liners*

Size	↕	QTY
S-L	AD	
	AG	
XL-XXL	AD	
	AG	

ReadyWrap Extender Strap

Size	Color	QTY
One size	Beige	
	Black	

*Sold in pairs, Black only

Continues next column

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



Tribute® Wrap Order Form **UPPER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

Tribute Wrap Glove

sold individually, Black Sleep Sleeve included

Size	<>	REF	Qty.
Small	Left	136783	
	Right	136786	
Medium	Left	136784	
	Right	136787	
Large	Left	136785	
	Right	136788	
X-Large	Left	143371	
	Right	143372	

Tribute Wrap MCP to Axilla

sold individually, Black Sleep Sleeve included

Size	Length	<>	REF	Qty.
Small	Regular	Left	146000	
		Right	146001	
	Long	Left	146006	
		Right	146007	
Medium	Reg.	Left	146002	
		Right	146003	
	Long	Left	146008	
		Right	146009	
Large	Reg.	Left	146004	
		Right	146005	
	Long	Left	146010	
		Right	146011	
X-Large	Reg.	Left	143311	
		Right	143312	
	Long	Left	143317	
		Right	143318	

Tribute Wrap Wrist to Axilla

sold individually, Black Sleep Sleeve included

Size	Length	<>	REF	Qty.
Small	Regular	Left	136777	
		Right	136780	
	Long	Left	146012	
		Right	146013	
Medium	Reg.	Left	136778	
		Right	136781	
	Long	Left	146014	
		Right	146015	
Large	Reg.	Left	136779	
		Right	136782	
	Long	Left	146016	
		Right	146017	
X-Large	Reg.	Left	143335	
		Right	143336	
	Long	Left	143341	
		Right	143342	

5 Accessories

Tribute Wrap Sleep Sleeve Glove

Size	Color	Qty.
S	Black	
	Blue	
	Rasp.	
M	Black	
	Blue	
	Rasp.	
L	Black	
	Blue	
	Rasp.	
XL	Black	
	Blue	
	Rasp.	

Tribute Wrap Sleep Sleeve Wrist to Axilla

Size	Length	Color	Qty.
S	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	
M	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	
L	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	
XL	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	

Tribute Wrap Sleep Sleeve MCP to Axilla

Size	Length	Color	Qty.
S	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	
M	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	
L	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	
XL	Reg.	Black	
		Blue	
		Rasp.	
	Long	Black	
		Blue	
		Rasp.	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

Tribute® Wrap Order Form **LOWER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
Attn: _____
Address: _____
City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
Attn: _____
Address: _____
City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

Tribute Wrap Below Knee

sold individually, Black Sleep Sleeve included

Size	Length	<>	REF	Qty.
Small	Regular	Left	136789	
		Right	136792	
	Long	Left	146018	
		Right	146019	
Medium	Regular	Left	136790	
		Right	136793	
	Long	Left	146020	
		Right	146021	
Large	Regular	Left	136791	
		Right	136794	
	Long	Left	146022	
		Right	146023	
X-Large	Regular	Left	143359	
		Right	143360	
	Long	Left	143365	
		Right	143366	

Tribute Wrap Knee to Thigh

sold individually, Black Sleep Sleeve included

Size	Length	<>	REF	Qty.
Small	Regular	Left	141614	
		Right	141615	
	Long	Left	141626	
		Right	141627	
Medium	Reg.	Left	141616	
		Right	141617	
	Long	Left	141628	
		Right	141629	
Large	Reg.	Left	141618	
		Right	141619	
	Long	Left	141630	
		Right	141631	
X-Large	Reg.	Left	141620	
		Right	141621	
	Long	Left	141632	
		Right	141633	

5 Accessories

Tribute Wrap Sleep Sleeve Below Knee

Size	Length	Color	REF	Qty.
Small	Regular	Black	139978	
		Blue	139902	
		Rasp.	139911	
	Long	Black	140207	
		Blue	140208	
		Rasp.	140209	
Medium	Regular	Black	139977	
		Blue	139901	
		Rasp.	139910	
	Long	Black	140210	
		Blue	140211	
		Rasp.	140212	
Large	Regular	Black	139976	
		Blue	139900	
		Rasp.	139909	
	Long	Black	140213	
		Blue	140214	
		Rasp.	140215	
X-Large	Regular	Black	144070	
		Blue	144071	
		Rasp.	144072	
	Long	Black	144079	
		Blue	144080	
		Rasp.	144081	

Tribute Wrap Sleep Sleeve Knee to Thigh

Size	Length	Color	REF	Qty.
Small	Regular	Black	141693	
		Blue	141694	
		Rasp.	141695	
	Long	Black	141711	
		Blue	141712	
		Rasp.	141713	
Medium	Regular	Black	141696	
		Blue	141697	
		Rasp.	141698	
	Long	Black	141714	
		Blue	141715	
		Rasp.	141716	
Large	Regular	Black	141699	
		Blue	141700	
		Rasp.	141701	
	Long	Black	141717	
		Blue	141718	
		Rasp.	141719	
X-Large	Regular	Black	141702	
		Blue	141703	
		Rasp.	141704	
	Long	Black	141720	
		Blue	141721	
		Rasp.	141722	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ExoStrong™ Order Form

**UPPER
EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

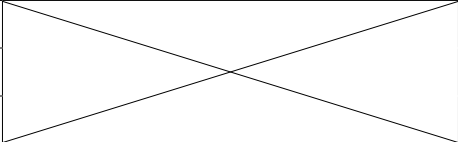
Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

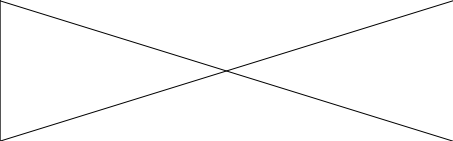
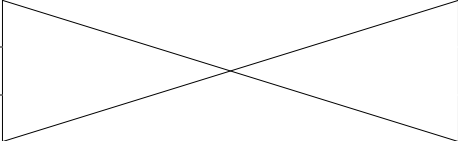
ExoStrong Arm (sold individually)

Length			Size				Options		Qty.	
									Beige	Black
Short	Average	Tall	S	M	L	XL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	Knit Top	Silicone Top		

ExoStrong Glove (sold individually)

Length (to Wrist)			Size				Options		Qty.	
									Beige	Black
DIPs	PIPs	MCPs	S	M	L	XL				
DIPs	PIPs	MCPs	S	M	L	XL				
DIPs	PIPs	MCPs	S	M	L	XL				

ExoStrong Gauntlet (sold individually)

Length			Size				Options		Qty.	
									Beige	Black
	S	M	L	XL						
	S	M	L	XL						
	S	M	L	XL						

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ExoStrong™ Order Form **LOWER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

ExoStrong Thigh High (sold individually)

Length			Size					Options		Qty.	
										Beige	Black
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				

ExoStrong Below Knee (sold individually)

Length			Size					Options		Qty.	
										Beige	Black
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ExoSoft™ Order Form **UPPER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

ExoSoft Arm (sold individually)

Length	Size	Options	Qty.	
			Beige	Black
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		

ExoSoft Glove (sold individually)

Length (to Wrist)	Size	Options	Qty.	
			Beige	Black
DIPs PIPs MCPs	S M L XL	X		
DIPs PIPs MCPs	S M L XL			
DIPs PIPs MCPs	S M L XL			

ExoSoft Gauntlet (sold individually)

Length	Size	Options	Qty.	
			Beige	Black
X	S M L XL	X		
	S M L XL			
	S M L XL			

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ExoSoft™ Order Form **LOWER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

ExoSoft Thigh High (sold in pairs)

Compression Level (mmHg)		Size				Options		Qty.	
								Beige	Black
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				
15-20	20-30	S	M	L	XL				

ExoSoft Below Knee (sold in pairs)

Compression Level (mmHg)		Size				Options		Qty.	
								Beige	Black
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		
15-20	20-30	S	M	L	XL	Closed toe	Open toe		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ExoSheer™ Order Form

**LOWER
EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

ExoSheer Thigh High (sold in pairs)

Compression Level (mmHg)			Size				Options	Qty.	
8-15	15-20	20-30	S	M	L	XL		Beige	Black
							X		

ExoSheer Below Knee (sold in pairs)

Compression Level (mmHg)			Size				Options	Qty.		
8-15	15-20	20-30	S	M	L	XL		Beige	Black	
8-15			S	M	L	XL	X			
			S	M	L	XL				
			S	M	L	XL				
			S	M	L	XL				
15-20	20-30		S	M	L	XL	Closed toe	Open toe		
15-20	20-30		S	M	L	XL	Closed toe	Open toe		
15-20	20-30		S	M	L	XL	Closed toe	Open toe		
15-20	20-30		S	M	L	XL	Closed toe	Open toe		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

ExoAnklet™ Order Form

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

(All measurements in centimeters)

ExoAnklet

sold in pairs, black only

Size	Circumference			Length Foot (Z ⁺)	Item No.	Qty.
	MTP (A ^o)	Ankle (B ^o)	Heel (Y ^o)			
Regular						
Small	20–24	18–22	27–33	23–26	136805	
Medium	22–26	22–26	29.5–35.5		136806	
Large	24–28	26–31	32–38		136807	
X-Large	26.5–30.5	31–36.5	34.5–40.5		136808	
XX-Large	29–33	36.5–41.5	37–43		136809	
Long						
Small	20–24	18–22	27–33	26–29	136810	
Medium	22–26	22–26	29.5–35.5		136811	
Large	24–28	26–31	32–38		136812	
X-Large	26.5–30.5	31–36.5	34.5–40.5		136813	
XX-Large	29–33	36.5–41.5	37–43		136814	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.

ExoCustom™
Order Information Form



3880 W Wheelhouse Road
 Milwaukee, WI 53208
 Tel: (855) 892-4140

Include this Order Information form with all ExoCustom orders

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Comments

3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Phone:	
Email:	
Credit Card Information (if applicable)	
#:	
Exp Date: /	SID:

4. Shipping Information <input type="checkbox"/> Same as billing address	
Ship to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Email (for notifications):	
Shipping Method	
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

Include this Order Information form with all ExoCustom orders

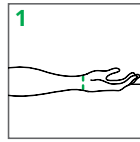
ExoCustom™ Upper Extremity Measuring and Order Form



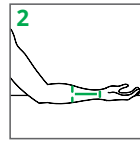
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Measuring Instructions

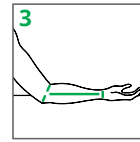
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm relaxed and slightly bent ($\approx 35^\circ$), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.



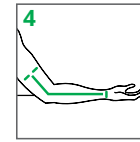
C
Distal Wrist Crease



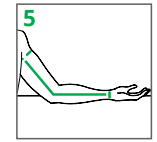
D
Distal Wrist Crease to Mid-Forearm



E
Distal Wrist Crease to Elbow Crease



F
Distal Wrist Crease to Mid-Biceps
Follow bend of arm



G
Distal Wrist Crease to Axilla
Follow bend of arm

Ordering Information

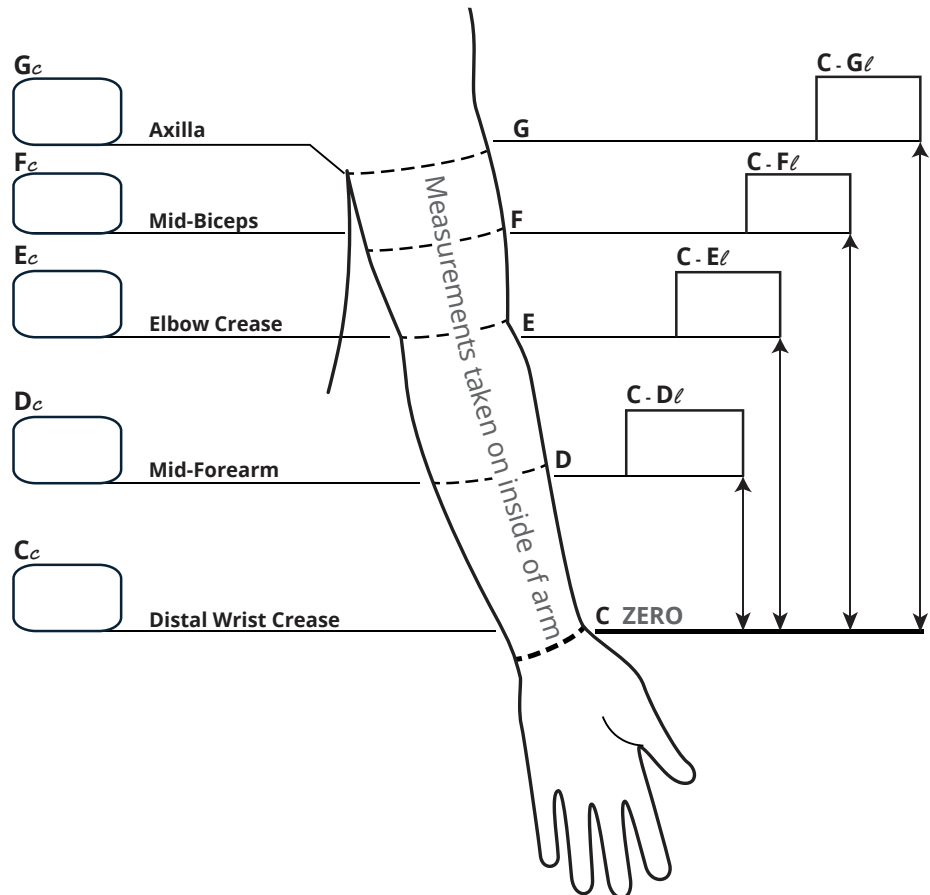
Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-UE- L / R
	EC-UE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Modifications	
Qty	Pocket - Elbow
	Silicone <i>(select Width and Place options)</i>
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R <i>(note start / end location below)</i>	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production <i>(additional fee)</i>	
Comments	

CIRCUMFERENCE c

Please measure in centimeters

LENGTH ℓ

We suggest that you include additional circumferences and length measurements for more asymmetrical shaped arms.



Email forms to: customerservice@us.LRmed.com

Fax forms to: (414) 892-4150

REV 08/16

Questions? Call (855) 892-4140

ExoCustom™
Order Information Form



3880 W Wheelhouse Road
 Milwaukee, WI 53208
 Tel: (855) 892-4140

Include this Order Information form with all ExoCustom orders

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Comments

3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Phone:	
Email:	
Credit Card Information (if applicable)	
#:	
Exp Date: /	SID:

4. Shipping Information <input type="checkbox"/> Same as billing address	
Ship to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Email (for notifications):	
Shipping Method	
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

Include this Order Information form with all ExoCustom orders

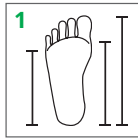
ExoCustom™ Lower Extremity Measuring and Order Form



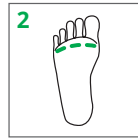
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Measuring Instructions

- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



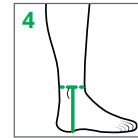
Foot Lengths



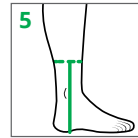
A_c
Circumference at MTP



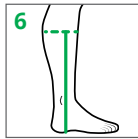
Y_c
Circumference at Instep / Heel



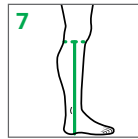
B
Floor to Narrowest Point of Ankle



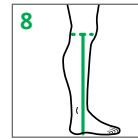
B¹
Floor to Narrowest Point of Calf
Calf transition



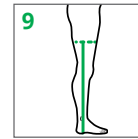
C
Floor to Widest Point of Calf



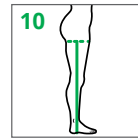
D
Floor to Base of Patella



E
Floor to Mid-Patella



F
Floor to Mid-Thigh



G
Floor to Gluteal Fold

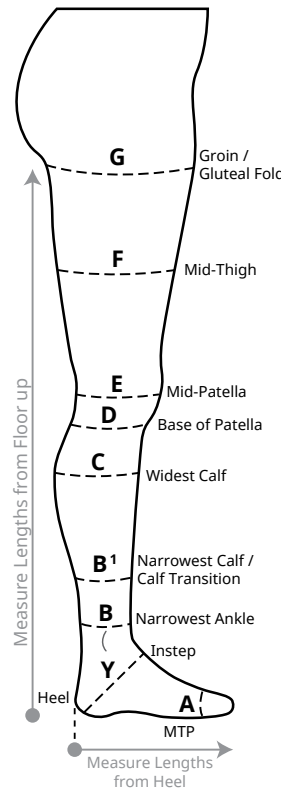
Ordering Information

Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
<input type="checkbox"/> Priority Production (additional fee)	
Comments	

LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	G _ℓ <input type="text"/>
F _c <input type="text"/>	F _ℓ <input type="text"/>
E _c <input type="text"/>	E _ℓ <input type="text"/>
D _c <input type="text"/>	D _ℓ <input type="text"/>
C _c <input type="text"/>	C _ℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ _ℓ <input type="text"/>
B _c <input type="text"/>	B _ℓ <input type="text"/>
Y _c <input type="text"/>	Y _ℓ <input type="text"/>
A _c <input type="text"/>	A _ℓ <input type="text"/>

Please measure in centimeters

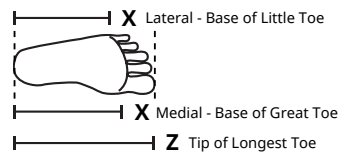


RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	G _ℓ <input type="text"/>
F _c <input type="text"/>	F _ℓ <input type="text"/>
E _c <input type="text"/>	E _ℓ <input type="text"/>
D _c <input type="text"/>	D _ℓ <input type="text"/>
C _c <input type="text"/>	C _ℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ _ℓ <input type="text"/>
B _c <input type="text"/>	B _ℓ <input type="text"/>
Y _c <input type="text"/>	Y _ℓ <input type="text"/>
A _c <input type="text"/>	A _ℓ <input type="text"/>

FOOT LENGTH MEASUREMENTS

LEFT	
Lateral X _ℓ <input type="text"/>	Base of Little Toe
Medial X _ℓ <input type="text"/>	Base of Great Toe
Closed Toe Z _ℓ <input type="text"/>	Tip of Longest Toe



RIGHT	
Lateral X _ℓ <input type="text"/>	Base of Little Toe
Medial X _ℓ <input type="text"/>	Base of Great Toe
Closed Toe Z _ℓ <input type="text"/>	Tip of Longest Toe

Foot tracings are always appreciated



L&R INTERNAL USE ONLY

Caresia™ Order Form

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

Caresia MCP to Axilla

Style		Size			Qty.
Left	Right	S	M	L	
Left	Right	S	M	L	
Left	Right	S	M	L	

Caresia Below Knee

Length			Size			Qty.
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	

Caresia Wrist to Axilla

Style		Girth			Qty.
Left	Right	S	M	L	
Left	Right	S	M	L	
Left	Right	S	M	L	

Caresia Thigh

Length			Size			Qty.
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	
Short	Average	Tall	S	M	L	

Caresia Glove

Size				Qty.
Small	Medium	Large		
Small	Medium	Large		

Caresia Foot

Size				Qty.
Small	Medium	Large		
Small	Medium	Large		

Caresia Gauntlet

Size				Qty.
Small	Medium	Large		
Small	Medium	Large		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.



L&R INTERNAL USE ONLY

SwellSpots™ Order Form

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

SwellSpots Pads (sold individually)

Style	Item Code	Qty.
Custom** (Design consult needed)	SP-00	
Curved Pad	SP-01	
Dorsal Pad	Small SP-02-S	
	Large SP-02-L	
Palmar Pad	Small SP-03-S	
	Large SP-03-L	
Oval Pad	SP-04	
Rectangular-tapered Pad	Small SP-05-S	
	Large SP-05-L	
Circular Pad	Small SP-06-S	
	Large SP-06-L	
Carpal Hand Pad	SP-07	
Kidney Pad	SP-08	
Breast Pad	Small SP-09-S	
	Medium SP-09-M	
	Large SP-09-L	
Versi-Face Pad	SP-10	
Thora-Thigh Pad	SP-11	
Head-Neck Pad	SP-12	

Style	Item Code	Qty.
Crescent Pad	Small SP-13-S	
	Medium SP-13-M	
	Large SP-13-L	
Toe Pad	Small SP-14-S	
	Medium SP-14-M	
	Large SP-14-L	
Labia Pad	SP-15-F	
Scrotum Pad	SP-15-M	
Lateral Bra Pad	SP-16-A	
Full Bra Pad	Small SP-16-B-S	
	Medium SP-16-B-M	
	Large SP-16-B-L	
Knee-elbow Shaper Pad	SP-17	
Ring Pad - VELCRO®	SP-18-A	
Ring Pad	SP-18-B	
Female Genital Pad	SP-19	
Tic-Tac Pad	Small SP-20-S	
	Medium SP-20-M	
	Large SP-20-L	

**For Custom SwellSpots pads, please contact the Custom Design Center at 414-892-5158 for more information.

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.