



People.Health.Care.

# TributeNight™

## Measuring Instructions and Order Forms





# Solaris Collection™

BY L&R USA INC.

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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™**

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

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**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®, Tribute® Wrap, Rosidal® K, and Debrisoft®.

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

# 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

- For 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.
- For patients who fluctuate frequently, please feel free to add a circumference range.
- Feel free to provide additional measurements as needed to support an improved fit.

## Circumferences

Left side of diagram

- B<sup>c</sup>** Measure the circumference at the determined **B** position (MCP).
- C<sup>c</sup>** Measure the circumference at the determined **C** position (wrist crease/zero position).
- D<sup>c</sup>** Measure the circumference at the determined **D** position (largest circumference of the forearm).
- E<sup>c</sup>** With the elbow in slight 10° to 20° flexion, measure the circumference at the determined **E** position.
- F<sup>c</sup>** Measure the circumference at the determined **F** position (largest circumference at the upper arm).
- G<sup>c</sup>** Measure the circumference at the determined **G** position (axilla).
- H<sup>c</sup>** 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).

## Lengths

Right side of diagram

- A<sup>L</sup>** With the palm up, measure the length from **B** (MCP) to **A** (fingertip of middle finger/distal end of garment).
- B<sup>L1</sup>** With the palm up, measure the length from **C** (wrist crease/zero position) to **B<sup>L1</sup>** (MCP of the middle finger).
- B<sup>L2</sup>** Optional: With the palm up, measure the length from **C** (wrist crease/zero position) to **B** (thumb web space).
- D<sup>L</sup>** Measure the length from **C** (wrist crease/zero position) to **D** (largest circumference of the forearm).
- E<sup>L</sup>** With the elbow in slight 10–20° flexion, measure the length from **C** (wrist crease/zero position) to **E** (elbow crease).
- F<sup>L</sup>** Measure the length from **C** (wrist crease/zero position) to **F** (largest circumference at the upper arm).
- G<sup>L</sup>** 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<sup>L</sup>** Measure the length from the lateral **G** (axilla) to **H** (AC joint).
- I<sup>L</sup>** Measure the length from **H** (AC joint) to **I** (high point shoulder/base of neck).

### Questions?

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

☎ 414-892-5158

✉ custom.design.center@us.LRmed.com



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

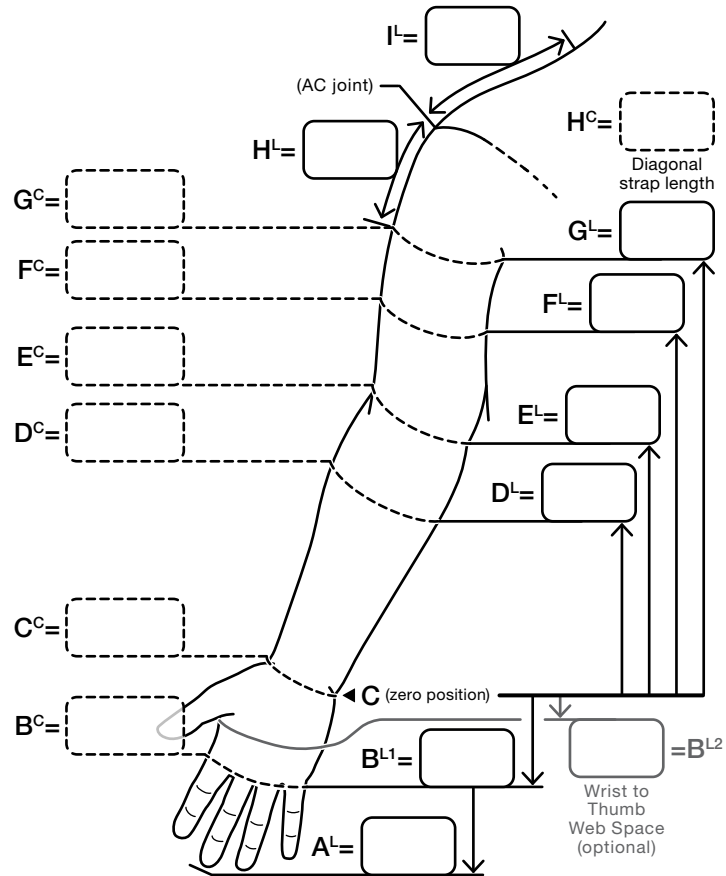
## 3 Measurements

(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.

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

- For 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.
- For patients who fluctuate frequently, please feel free to add a circumference range.
- Feel free to provide additional measurements as needed to support an improved fit.

## Circumferences

Left side of diagram

**H<sup>c</sup>**

Measure hip circumference at determined **H** position (Iliac Crest).

**I<sup>c</sup>**

Measure waist circumference at determined **I** (natural waistline/zero position)

**J<sup>c</sup>**

Measure circumference at determined **J** position (just below chest). Lift chest if necessary.

**K<sup>c</sup>**

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<sup>c</sup>**

Measure circumference at determined **L** position (superior chest).

**N<sup>c</sup>**

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

## Lengths

Right side of diagram

**H<sup>L</sup>**

Measure length from **I** (natural waistline/zero position) below transverse watershed to **H** position (Iliac Crest).

**J<sup>L</sup>**

Measure length from **I** (natural waistline/zero position) to **J** (just below breast).

**K<sup>L</sup>**

Measure length from **I** (natural waistline/zero position) to **K** (mid-breast/fullest part of the breast line).

**L<sup>L</sup>**

Measure length from **I** (natural waistline/zero position) to **L** (axilla). *A pencil can be placed in the armpit as a visual guide.*

**M<sup>L</sup>**

Measure shoulder length of **M** from HPS (high point shoulder/base of neck) to AC Joint.

**N<sup>L</sup>**

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<sup>L</sup>**

Measure length of **O** from AC joint, under axilla and back to starting AC joint position.

### Questions?

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✉ [customdesigncenter@us.LRmed.com](mailto:customdesigncenter@us.LRmed.com)



# 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)

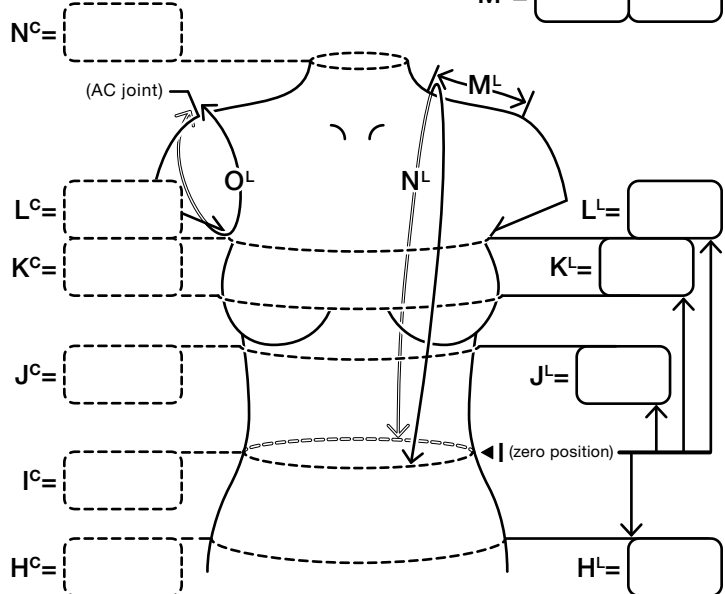
Date taken: \_\_\_ / \_\_\_ / \_\_\_

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.

# 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

- For 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.
- For patients who fluctuate frequently, please feel free to add a circumference range.
- Feel free to provide additional measurements as needed to support an improved fit.

## Circumferences

Left side of diagram

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

## Lengths

Right side of diagram

- A<sup>L</sup>** Measure foot length from **Y** (heel/zero position) to **A** (distal end of garment on foot).
- B<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **B** (largest ankle circumference).
- C<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **C** (largest calf circumference).
- D<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **D** (below patella).
- E<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **E** (mid-patella).
- F<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **F** (largest thigh circumference).
- LG<sup>L</sup>** 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<sup>L</sup>** Measure medial leg length from medial **Y** (zero position) to medial **G** length.
- H<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **H** (Iliac Crest).
- I<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **I** (natural waistline).
- J<sup>L</sup>** Measure lateral leg length from **Y** (heel/zero position) to **J** (under chest).
- AS<sup>L</sup>** Measure **AS** (anterior straddle length) from mid-crotch to desired anterior proximal end of garment.
- PS<sup>L</sup>** Measure **PS** (posterior straddle length) from mid-crotch to desired posterior proximal end of garment.

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

☎ 414-892-5158

✉ [customdesigncenter@us.LRmed.com](mailto:customdesigncenter@us.LRmed.com)





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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

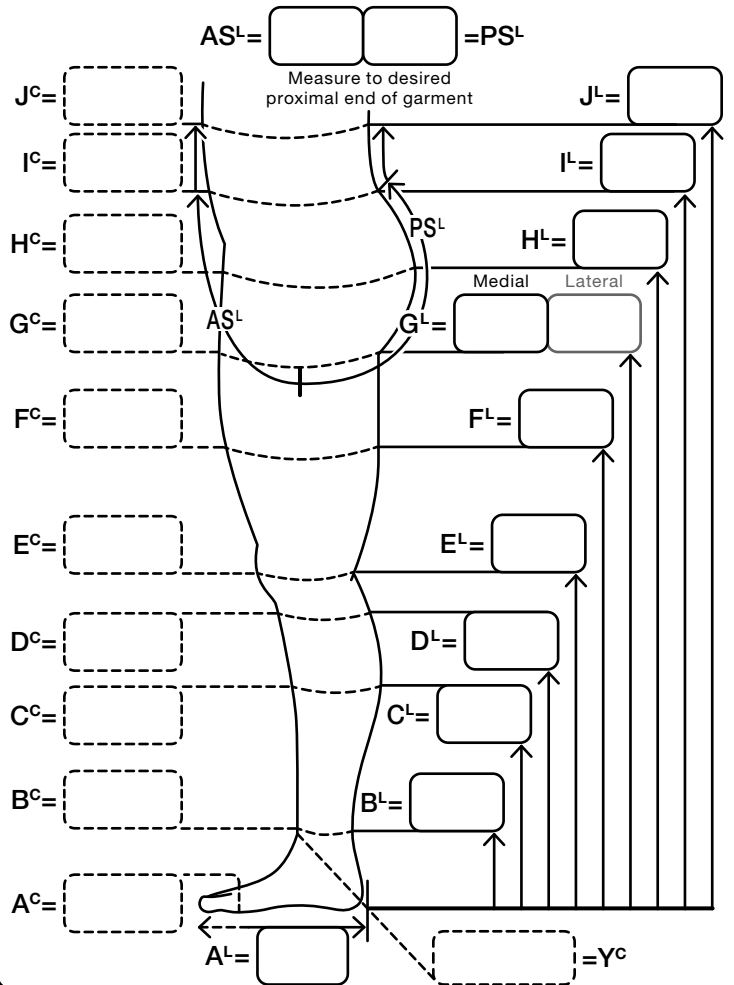
Quote Only

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](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.

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

- For 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.
- For patients who fluctuate frequently, please feel free to add a circumference range.
- Feel free to provide additional measurements as needed to support an improved fit.

## Circumferences

**B<sup>c</sup>**

Measure **B** circumference around the forehead.

**N<sup>c</sup>**

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

## Lengths

**A<sup>L</sup>**

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

**C<sup>L</sup>**

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

**D<sup>L</sup>**

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

**E<sup>L</sup>**

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

**F<sup>L</sup>**

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

**G<sup>L</sup>**

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.

**H<sup>L</sup>**

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

**I<sup>L</sup>**

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

**J<sup>L</sup>**

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

**K<sup>L</sup>**

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

**L<sup>L</sup>**

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

**M<sup>L</sup>**

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



Have questions? Need help?  
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Available M-F, 7:00AM-7:00PM Central.



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
___ Lip bridge	_____
___ Tracheotomy accommodation	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Adjustable straps w/Finger grip	_____
L <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<sup>L</sup>=

B<sup>C</sup>=

C<sup>L</sup>=

D<sup>L</sup>=

E<sup>L</sup>=

F<sup>L</sup>=

G<sup>L</sup>=

H<sup>L</sup>=

I<sup>L</sup>=

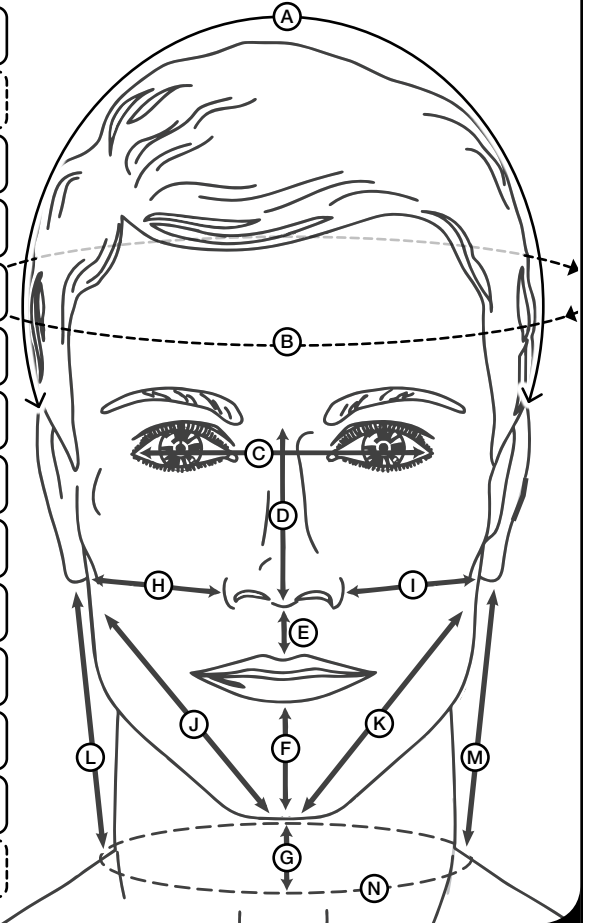
J<sup>L</sup>=

K<sup>L</sup>=

L<sup>L</sup>=

M<sup>L</sup>=

N<sup>C</sup>=



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](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.

HOW TO MEASURE FOR

# TributeNight™ Hand Garments

①

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

Draw a line on each digit indicating the desired distal end of the garment.

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.*

## 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.
- For patients who fluctuate frequently, please feel free to add a circumference range.
- Feel free to provide additional measurements as needed to support an improved fit.

## Circumferences

**A<sub>c</sub>** Optional: In a relaxed position, measure the distal circumference at the determined **A** position (digits #2–5).

**B<sub>c</sub>** Measure the circumference at the determined **B** position (MCP) on the palm of the hand.

**C<sub>c</sub>** Measure the circumference at the determined **C** position (wrist over the styloid).

**D<sub>c</sub>** Measure the proximal circumference at the determined **D** position (#1 digit/thumb).

**E<sub>c</sub>** Measure the proximal circumference at the determined **E** position (#2 digit/index finger).

**F<sub>c</sub>** Measure the proximal circumference at the determined **F** position (#3 digit/middle finger).

**G<sub>c</sub>** Measure the proximal circumference at the determined **G** position (#4 digit/ring finger).

**H<sub>c</sub>** 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](mailto:customdesigncenter@us.LRmed.com)



# TributeNight™ Hand Order Form **L**



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



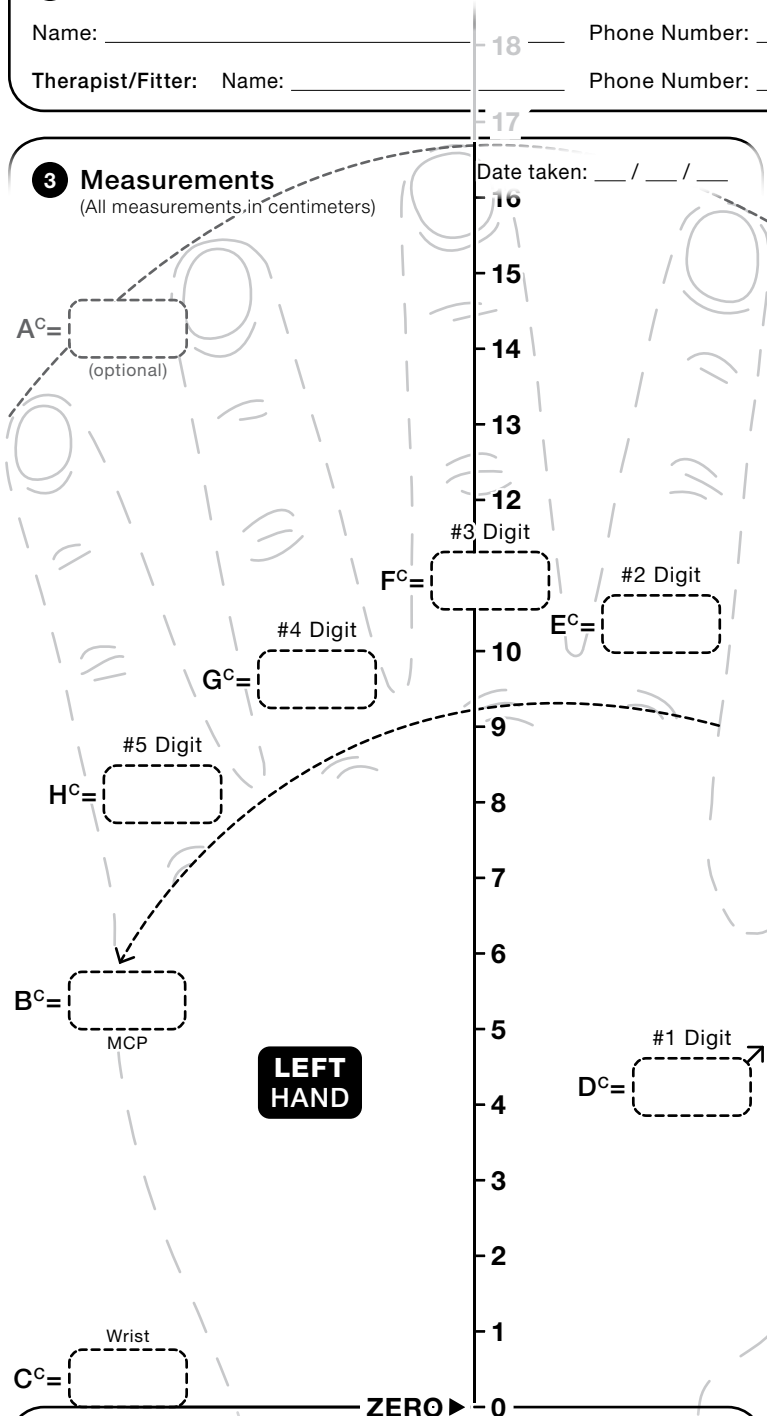
SCAN TO CALL

## 1 Patient Information

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

## 3 Measurements

(All measurements in centimeters)



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

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

## 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](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.



# 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

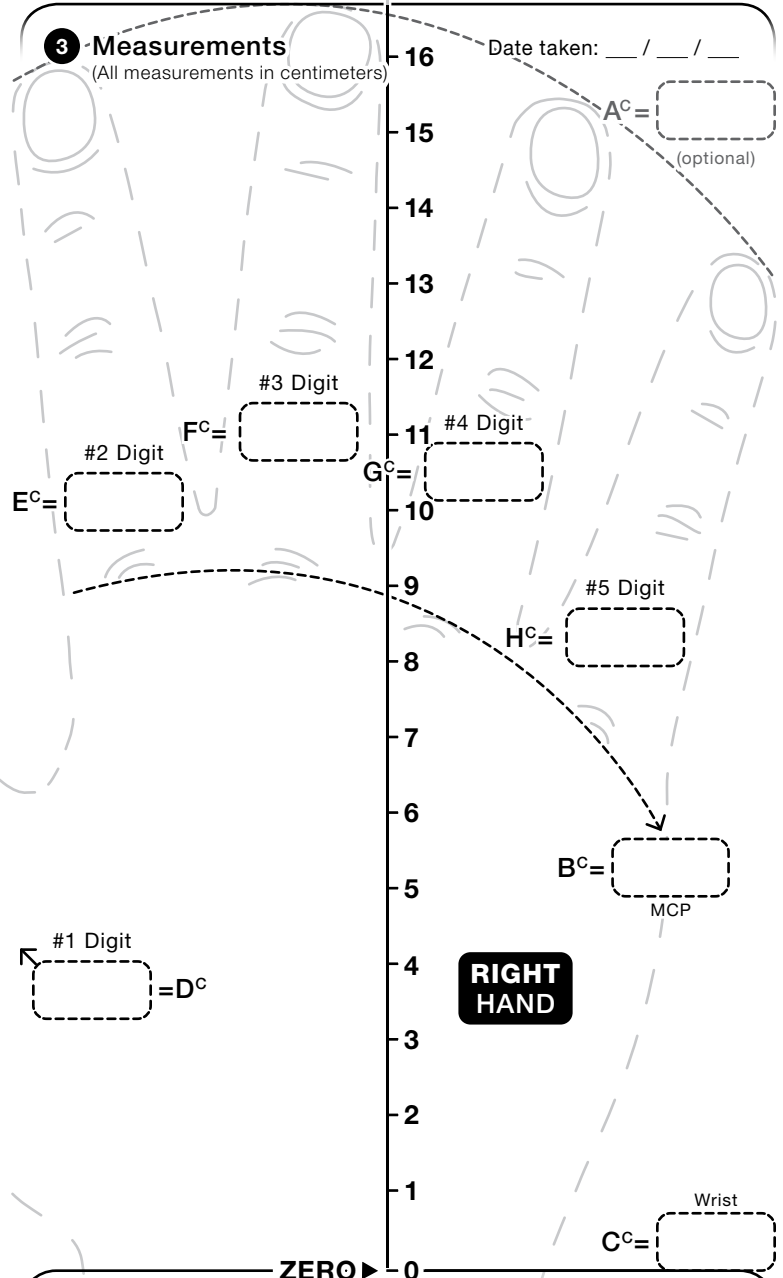
- Outer Jacket (OJ)
  - Color:  Black  Blue  Purple  Raspberry  Slate
  - Fastener type:  VELCRO® brand fastener  Snap

Special Instructions: \_\_\_\_\_

Exact Reorder of Order #: \_\_\_\_\_

## 3 Measurements

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

## 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](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.



## 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](https://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.

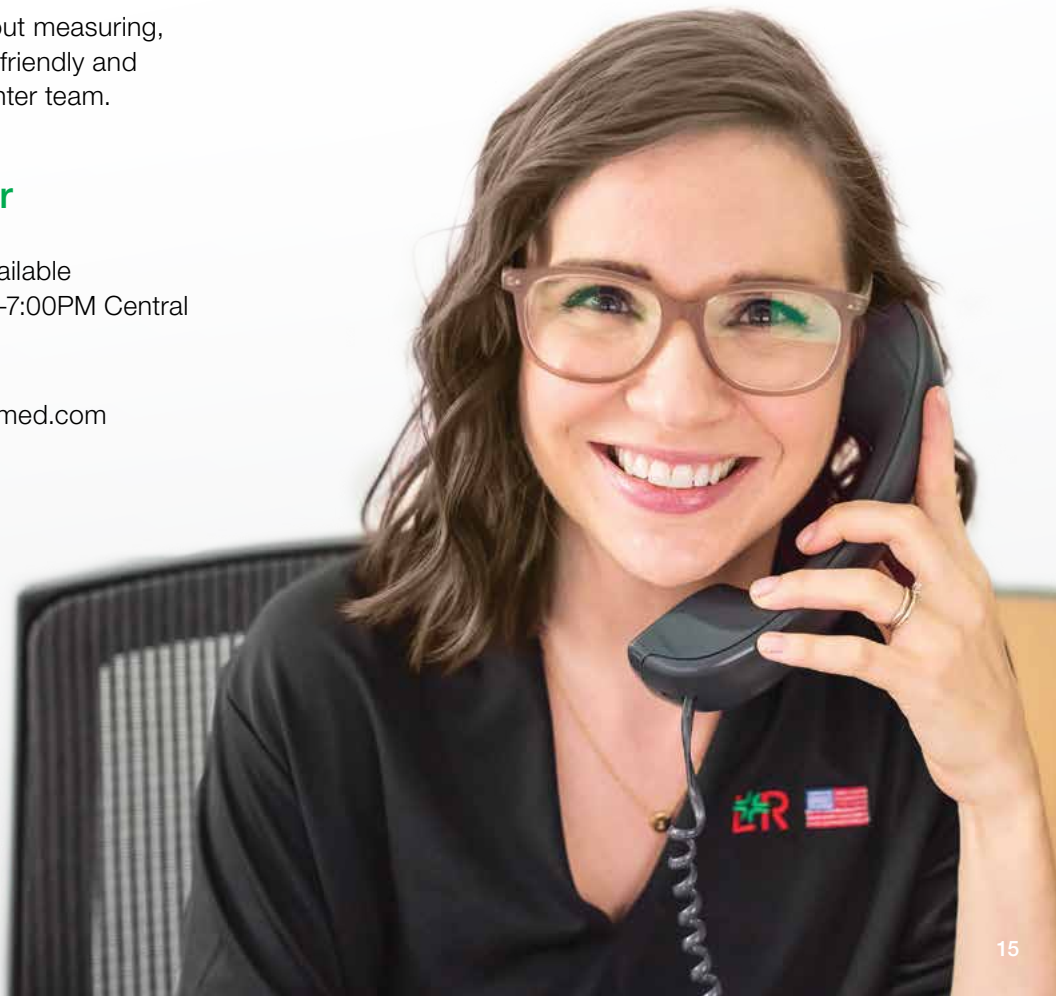
### Custom Design Center

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

☎ 414-892-5158

✉ [CustomDesignCenter@us.LRmed.com](mailto:CustomDesignCenter@us.LRmed.com)

📺 Video conference





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