TributeNight™ Head & Neck Order Form

Have questions? Need help?
Talk to a Design Consultant now!
Available M–F, 8:00AM—6:00PM Central.
SCAN TO CALL

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.)

Fill ○Chopped Foam ○Soft Fill

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	

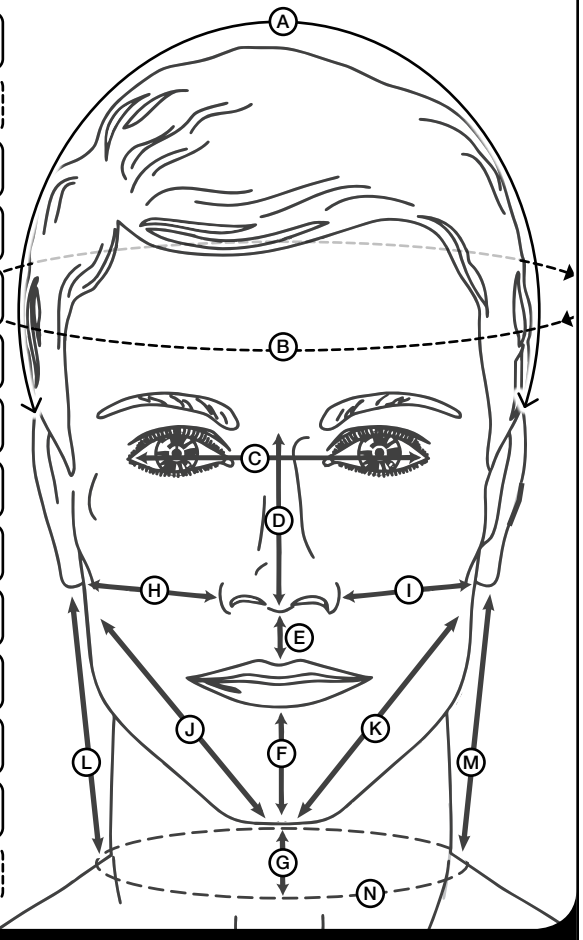
Special Instructions:

☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters) Date taken: ___ / ___ / ___

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.

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