



TributeNight™ Hand Order Form **L**

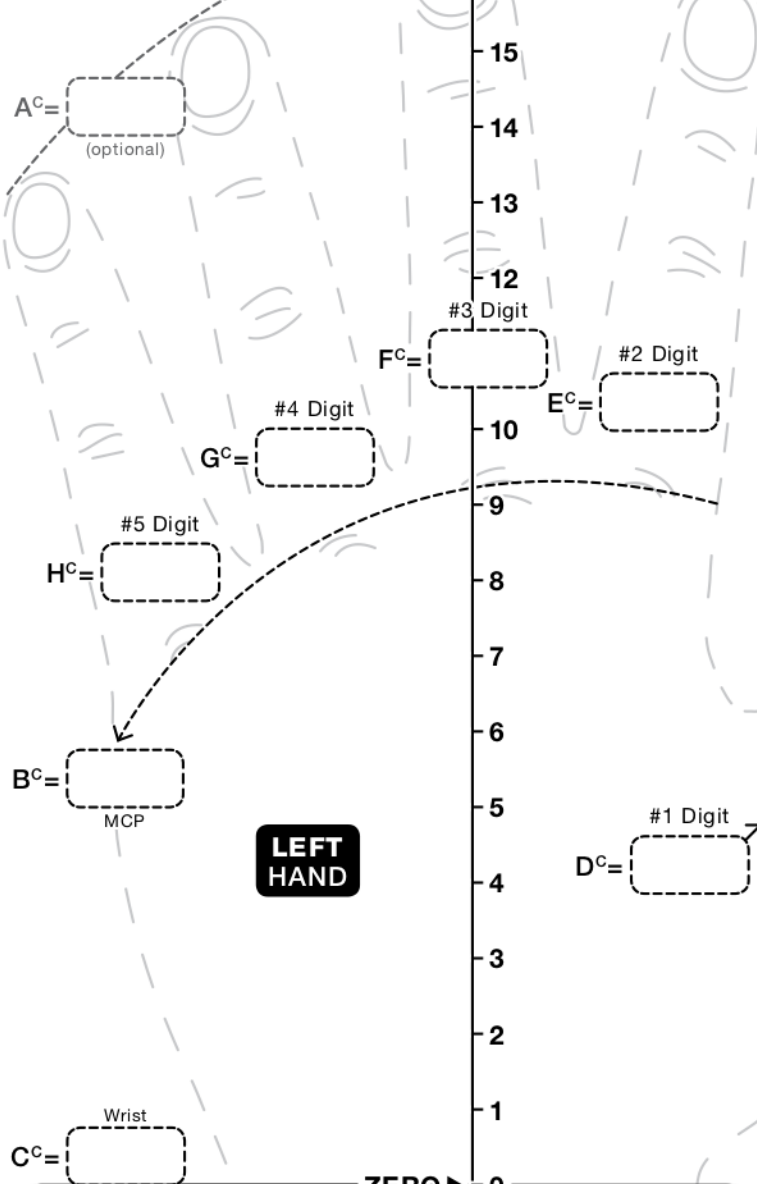
Fax (860)323-8002
Phone (860)207-8268

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"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> 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 #: _____

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): _____

Adaptive Prosthetics & Orthotics
52 National Drive, Glastonbury, CT 06033
Phone (860) 207-8268 ~ Fax (860) 323-8002
compression@adaptivect.com



TributeNight™ Hand Order Form **R**

Fax (860)323-8002
Phone (860)207-8268

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"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____

Accessories

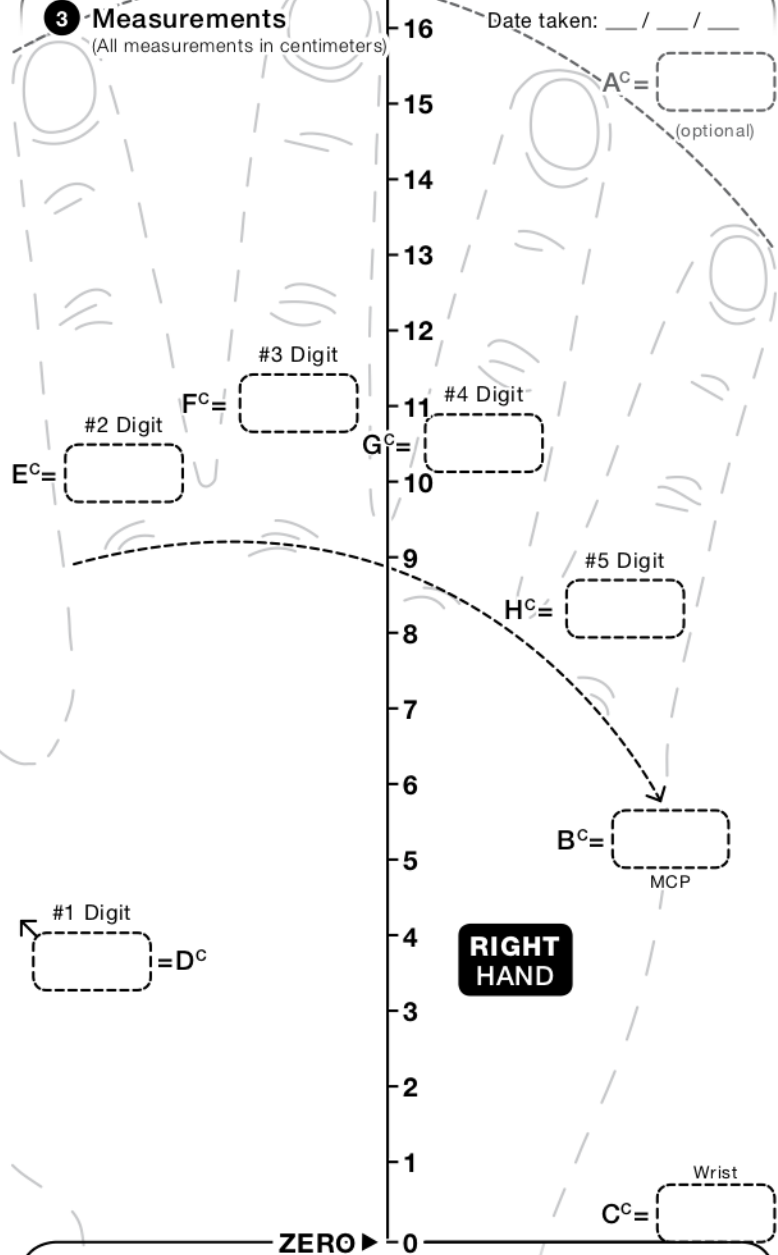
Outer Jacket (OJ)
Color: Black Blue Purple Raspberry Slate
Fastener type: VELCRO® brand fastener Snap
Modifications: Non-skid pads

Special Instructions: _____

Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)



5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Province: _____ Postal Code: _____

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: _____

Adaptive Prosthetics & Orthotics
52 National Drive, Glastonbury, CT 06033
Phone (860) 207-8268 ~ Fax (860) 323-8002
compression@adaptivect.com