



TributeNight™ Torso Order Form

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

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

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 =	<input type="text"/>	<input type="text"/>
N ^L =	<input type="text"/>	<input type="text"/>
M ^L =	<input type="text"/>	<input type="text"/>
N ^C =	<input type="text"/>	<input type="text"/>
L ^C =	<input type="text"/>	<input type="text"/>
K ^C =	<input type="text"/>	<input type="text"/>
J ^C =	<input type="text"/>	<input type="text"/>
I ^C =	<input type="text"/>	<input type="text"/>
H ^C =	<input type="text"/>	<input type="text"/>
L ^L =	<input type="text"/>	<input type="text"/>
K ^L =	<input type="text"/>	<input type="text"/>
J ^L =	<input type="text"/>	<input type="text"/>
I ^L =	<input type="text"/>	<input type="text"/>
H ^L =	<input type="text"/>	<input type="text"/>

5 Shipping Information

Shipping: Standard
 Priority Requested Delivery Date: _____

Ship to: _____
Attn: _____
Street: _____
City: _____ State: _____ Zip: _____
Province Postal Code

Phone: _____
Email (for shipping notification): _____