



# TributeNight™ Arm Order Form



Have questions? Need help?  
Talk to a Design Consultant now!

Available M-F, 8:00AM-6:00PM Central.



## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

Style  Right Arm  UE - \_\_\_\_\_  
 Left Arm

Channeling  Chevron  Vertical (Design consult needed)

Fill  Chopped Foam  Soft Fill

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"/> Pull-up loops	_____
<input type="checkbox"/> Digit spacers	_____
<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  
 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: \_\_\_\_

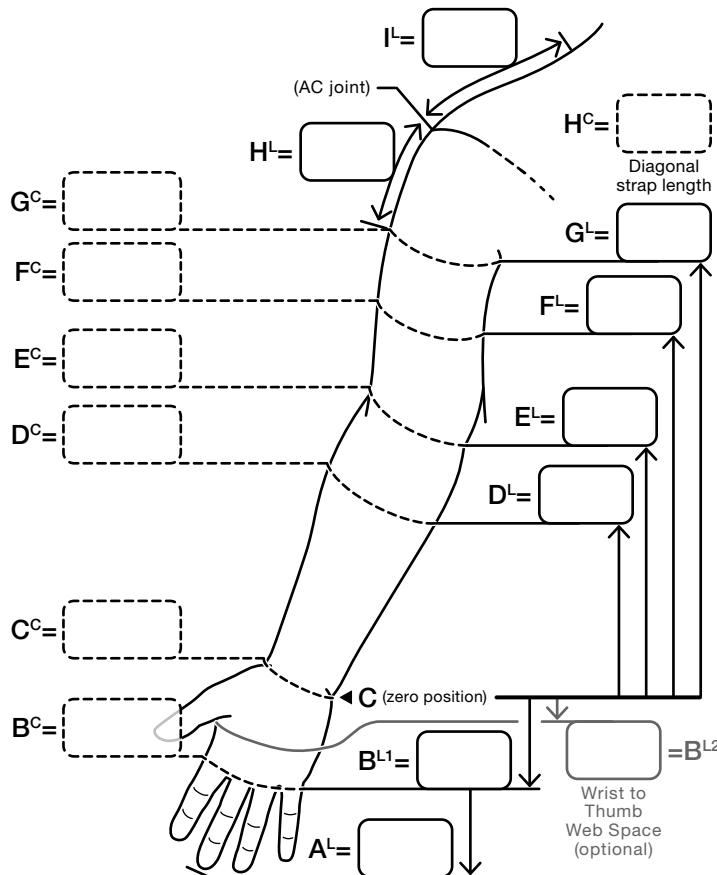
## 3 Measurements

(All measurements in centimeters)

$C$  = Circumference

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

$L$  = 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](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™ Torso Order Form



Have questions? Need help?  
Talk to a Design Consultant now!

Available M-F, 8:00AM-6:00PM Central.



## 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

### Fill

Chopped Foam  Soft Fill

### Profile

Original  Low

### Color

Black  Blue  Purple  Raspberry  Slate

### Modifications

QTY.

Zippers

Adjustable panels  
(VELCRO® brand)

Adjustable straps  
w/Finger grip

Snap tape

Closure (VELCRO® brand)

Notes/Placement Instruction

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: \_\_\_\_

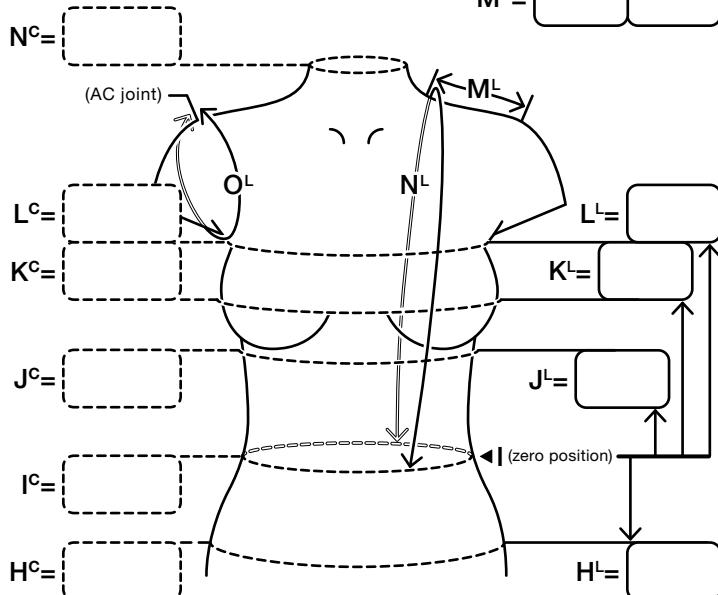
Date taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Left Patient Right

OL= \_\_\_\_\_

NL= \_\_\_\_\_

ML= \_\_\_\_\_



## 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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# TributeNight™ Leg & Lower Torso Order Form



Have questions? Need help?  
Talk to a Design Consultant now!

Available M-F, 8:00AM-6:00PM Central.



## 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

Fill  Chopped Foam  Soft Fill

Profile  Original  Low

Color  Black  Blue  Purple  Raspberry  Slate

## 3 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"/> Non-skid pads	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> Snap tape	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____

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

## 5 Billing Information

Quote Only

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

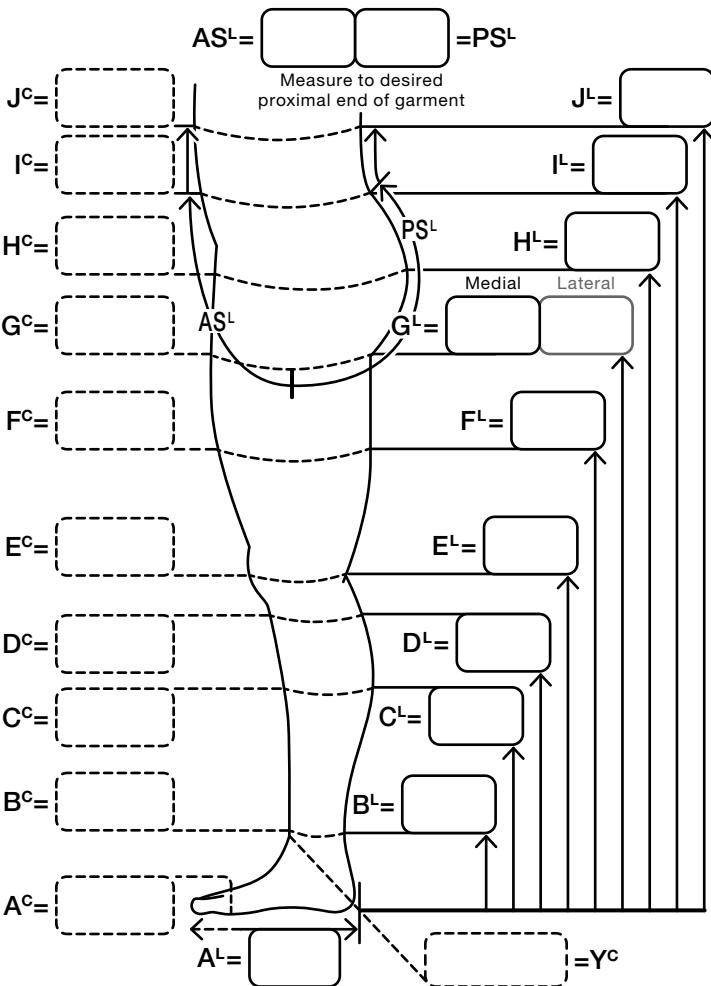
Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ SID: \_\_\_\_

## 6 Measurements

(All measurements in centimeters)

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



## 7 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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# TributeNight™ Head & Neck Order Form



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



## 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
<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

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)

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>= \_\_\_\_\_

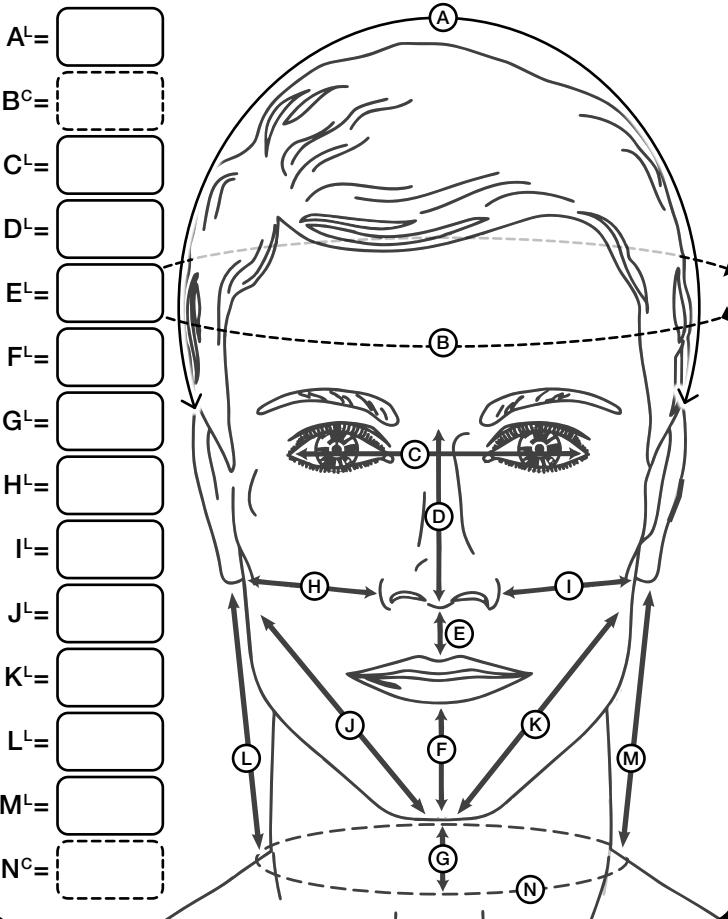
K<sup>L</sup>= \_\_\_\_\_

L<sup>L</sup>= \_\_\_\_\_

M<sup>L</sup>= \_\_\_\_\_

N<sup>C</sup>= \_\_\_\_\_

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



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)

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# TributeNight™ Hand Order Form L



Have questions? Need help?  
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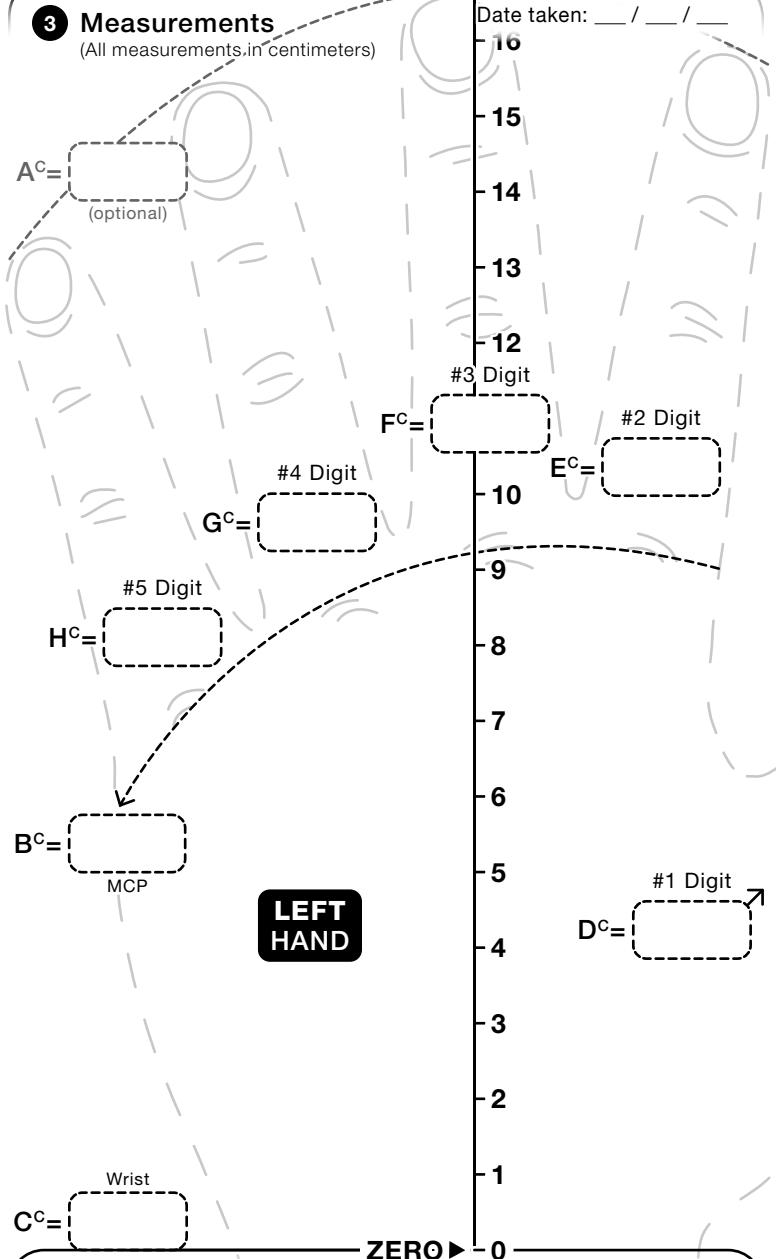
## 1 Patient Information

Name: \_\_\_\_\_ 18 Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 3 Measurements

(All measurements in centimeters)



## 4 Billing Information

Business Name: \_\_\_\_\_  Quote Only

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ SID: \_\_\_\_

## 2 Garment Design

Style UE - \_\_\_\_\_

Channeling  Vertical (Chevron channeling not available.)

Fill  Chopped Foam  Soft Fill

Profile  Original  Low

Color  Black  Blue  Purple  Raspberry  Slate

## 3 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"/>	Closure (VELCRO® brand)

## 4 Accessories

<input type="checkbox"/>	Outer Jacket (OJ)
<input type="checkbox"/>	Color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Purple <input type="checkbox"/> Raspberry <input type="checkbox"/> Slate Fastener type: <input type="checkbox"/> VELCRO® brand fastener <input type="checkbox"/> 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): \_\_\_\_\_

Fax completed order to 414-892-4150  
or email to [customdesigncenter@us.LRmed.com](mailto:customdesigncenter@us.LRmed.com)

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# TributeNight™ Hand Order Form



Have questions? Need help?  
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## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
18

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
17

## 2 Garment Design

**Style** UE - \_\_\_\_\_

**Channeling**  Vertical (Chevron channeling not available.)

**Fill**  Chopped Foam  Soft Fill

**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"/> 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: \_\_\_\_\_

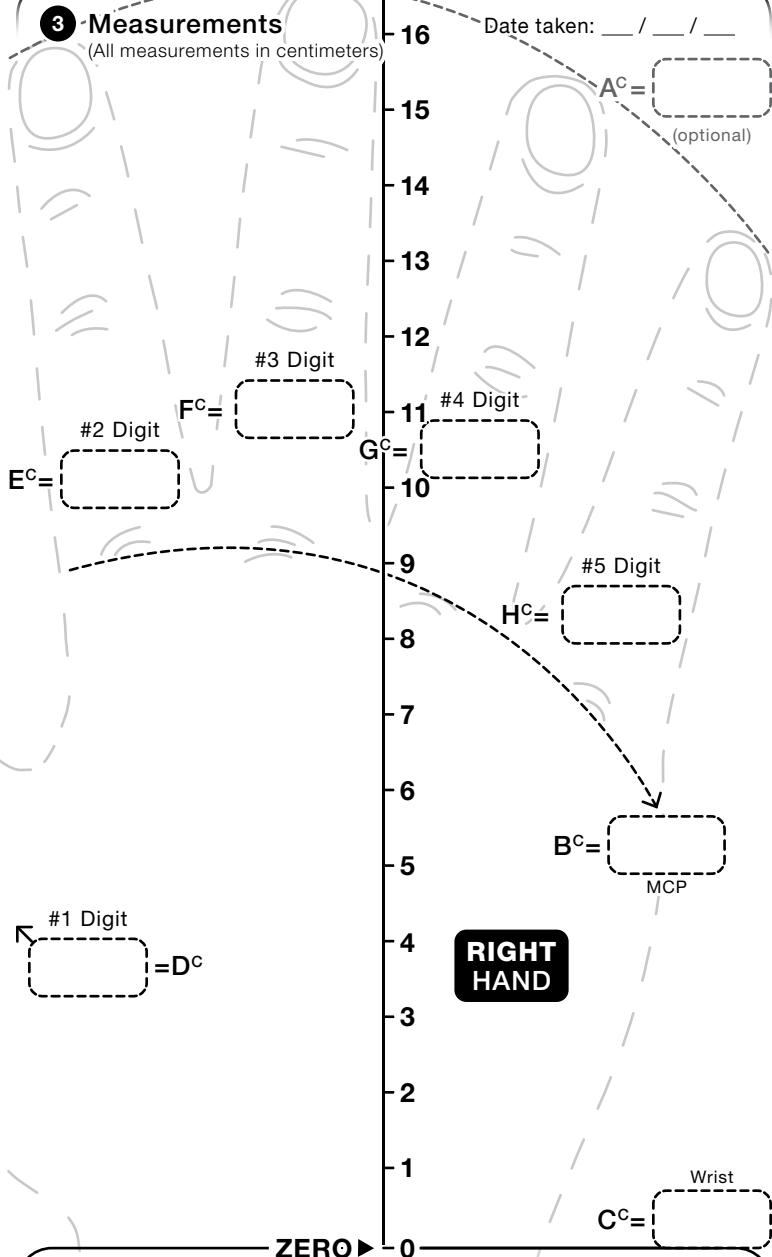
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## 3 Measurements

(All measurements in centimeters)



## 4 Billing Information

Business Name: \_\_\_\_\_

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Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ SID: \_\_\_\_