



TributeNight™ Arm 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 ☐ Right Arm ☐ Left Arm UE - _____

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: _____

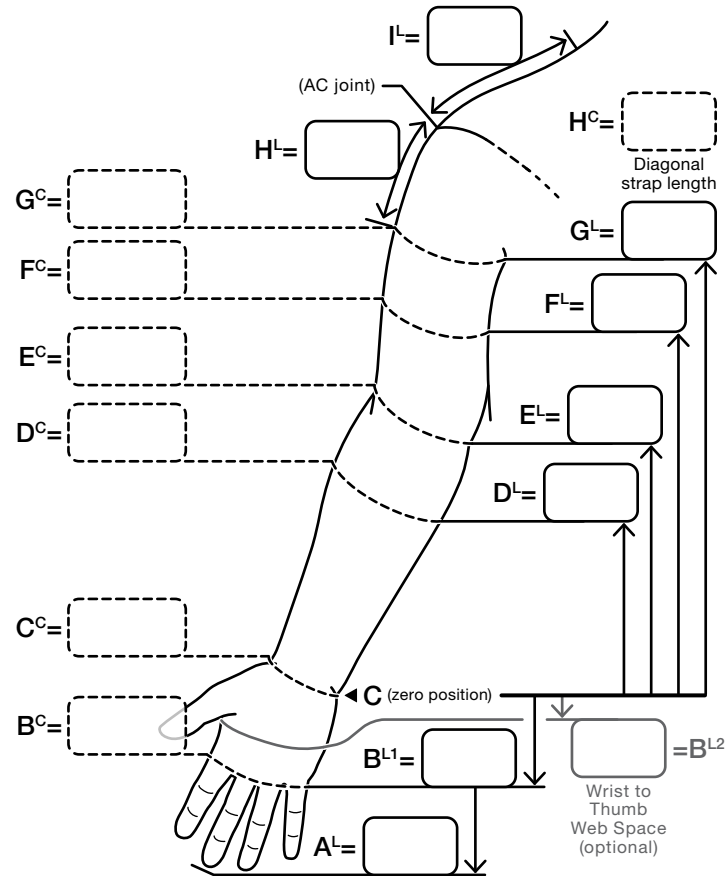
3 Measurements

(All measurements in centimeters)

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.



TributeNight™ Torso Order Form



Have questions? Need help?
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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

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.	Notes/Placement Instruction
____ Zippers	_____
____ Adjustable panels (VELCRO® brand)	_____
____ Adjustable straps w/Finger grip	_____
____ 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 ^L =		
N ^L =		
M ^L =		
N ^C =		
L ^C =		
K ^C =		
J ^C =		
I ^C =		
H ^C =		
L ^L =		
K ^L =		
J ^L =		
H ^L =		

5 Shipping Information

Shipping: ☐ Standard ☐ Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____
Province Postal Code

Phone: _____

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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.



SCAN TO CALL

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

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)	_____

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

(All measurements in centimeters)

Date taken: ____ / ____ / ____

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™ Head & Neck Order Form



Have questions? Need help?
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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
<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

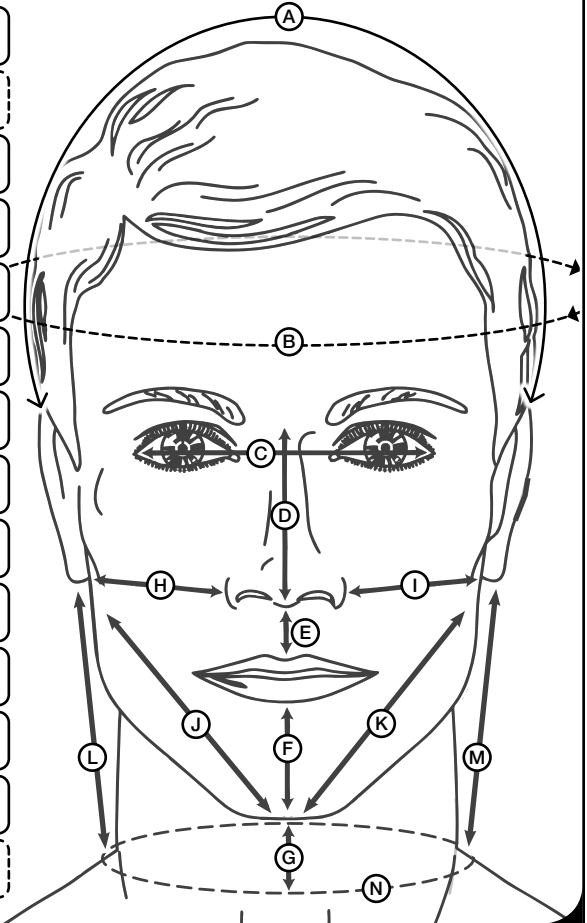
Card #: _____ Exp: ____ / ____ SID: _____

3 Measurements

(All measurements in centimeters)

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 (////).

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™ Hand Order Form **L**



Have questions? Need help?
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SCAN TO CALL

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____
Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

3 Measurements

(All measurements in centimeters)

Date taken: ____ / ____ / ____

A^c= _____ (optional)

F^c= _____ #3 Digit

E^c= _____ #2 Digit

G^c= _____ #4 Digit

H^c= _____ #5 Digit

B^c= _____ MCP

Wrist

C^c= _____

LEFT HAND

ZERO ▶ 0

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

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 #: _____

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: _____

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Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Province Postal Code

Phone: _____

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TributeNight™ Hand Order Form **R**



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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.)
 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: _____

Phone: _____ Province: _____ Postal Code: _____

Email (for shipping notification): _____

3 Measurements

(All measurements in centimeters)

Diagram of a right hand with measurement points and a vertical height scale from 0 to 18 cm. The scale is labeled 'RIGHT HAND' and 'ZERO' at the bottom. Measurement points are indicated by dashed boxes and labels: #1 Digit (D^c), #2 Digit (E^c), #3 Digit (F^c), #4 Digit (G^c), #5 Digit (H^c), MCP (B^c), Wrist (C^c), and optional A^c. The scale is marked with numbers 0 through 18.

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: _____

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