## Fax completed order form to (414) 892-4150.

L&R USA INC. will fax a quote confirming your order and cost. Questions? Call Custom Design Center at (414) 892-5158.

## Please Measure in Centimeters

## L = Length SHIP TO: **HC** - Diagonal Strap Length Attn: Street: City: Gc =State: Zip: **Telephone:** Fc =Fax: E-Mail for Shipping Notification: $E_{c} =$ **BILL TO:** Dc = Attn: Street: City: $C_c =$ CL = Zero State: Zip: Bc =Telephone: $B_L^2 =$ $B_L^1 =$ Fax: (wrist to MCP) (optional wrist to digit web space) Account #\_\_\_ (optional) Base of MCP to Distal end of Garment □ PO # □ CC #\_\_\_ SUPINE STANDING LEFT RIGHT If we have a question, whom should we contact? QTY **PRICE Garment Code: UE-**Contact Phone #: Outer Jacket Fastener: ☐ Snap ☐ Velcro **Variable Compression Jacket Therapist Name:** Client Name or Order Reference #: **Zipper** Velcro □MO-AP □ MO-VC Digit Spacers (include hand order form) DX 457.1 457.0 Other\_\_\_ **Pull Up Loops** Age\_\_\_\_\_ Height\_\_\_\_ Weight \_\_ **Easy Slide Application Aid Priority Production Fee** (\$40) For L&R Internal Usage: **Fabric Color** TributeNight: ☐ Black ☐ Blue ☐ Maroon ☐ Pink ☐ Purple ☐ Teal ☐ Black ☐ Blue ☐ Maroon ☐ Pink ☐ Purple ☐ Teal **Shipping** Bus. GRD Res. GRD 2nd Day Overnight TOTAL: Comments:\_

**C** = Circumference

**TributeNight**<sup>™</sup> Arm Order Form