

# TributeNight

Solaris Collection by L&R USA INC.

Custom Foam Nightwear  
Compression Garments



*Measuring and Order Forms*

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.

# TributeNight™ Arm Order Form

**Please Measure in Centimeters**

**C = Circumference**

**L = Length**

**SHIP TO:**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

E-Mail for Shipping Notification: \_\_\_\_\_

**BILL TO:**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Account # \_\_\_\_\_

PO # \_\_\_\_\_

CC # \_\_\_\_\_ Exp \_\_\_ / \_\_\_

If we have a question, whom should we contact? \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

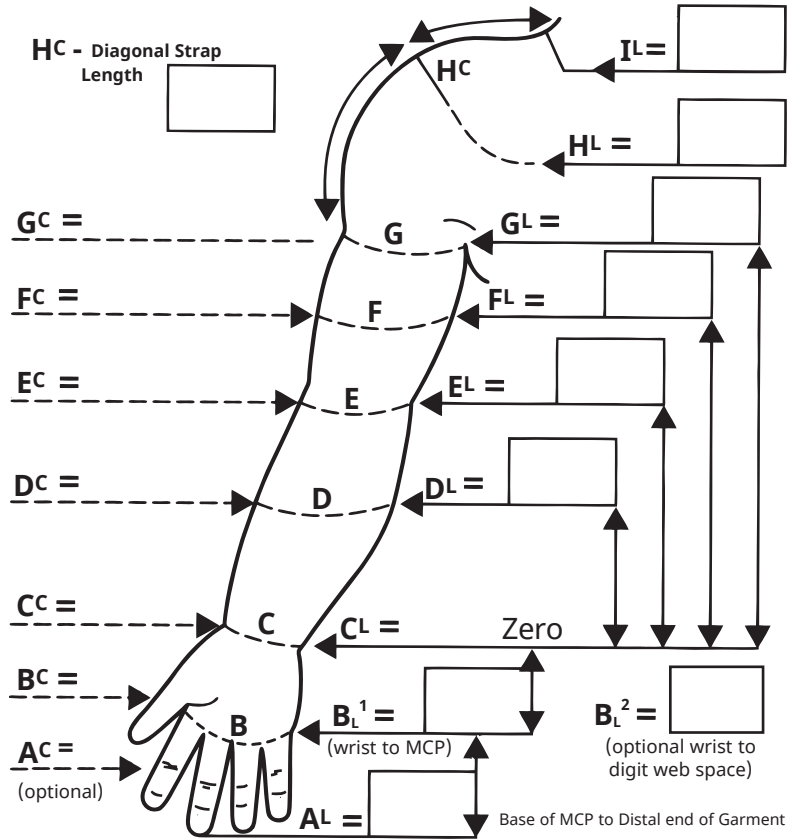
Therapist Name: \_\_\_\_\_

Client Name or Order Reference #: \_\_\_\_\_

DX  457.1  457.0  Other \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

For L&R Internal Usage: \_\_\_\_\_



SUPINE     STANDING     LEFT     RIGHT

QTY	UNIT	PRICE
	<b>Garment Code: UE-</b>	
	<b>Outer Jacket</b> Fastener: <input type="checkbox"/> Snap <input type="checkbox"/> Velcro	
	<b>Variable Compression Jacket</b>	
	<b>Zipper</b>	
	<b>Velcro</b> <input type="checkbox"/> MO-AP <input type="checkbox"/> MO-VC	
	<b>Digit Spacers</b> (include hand order form)	
	<b>Pull Up Loops</b>	
	<b>Easy Slide Application Aid</b>	
	<b>Priority Production Fee (\$40)</b>	
	<b>Fabric Color</b>	
	<b>TributeNight:</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal	
	<b>Outer Jacket:</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Teal	
	<b>Shipping</b> <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

**Comments:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

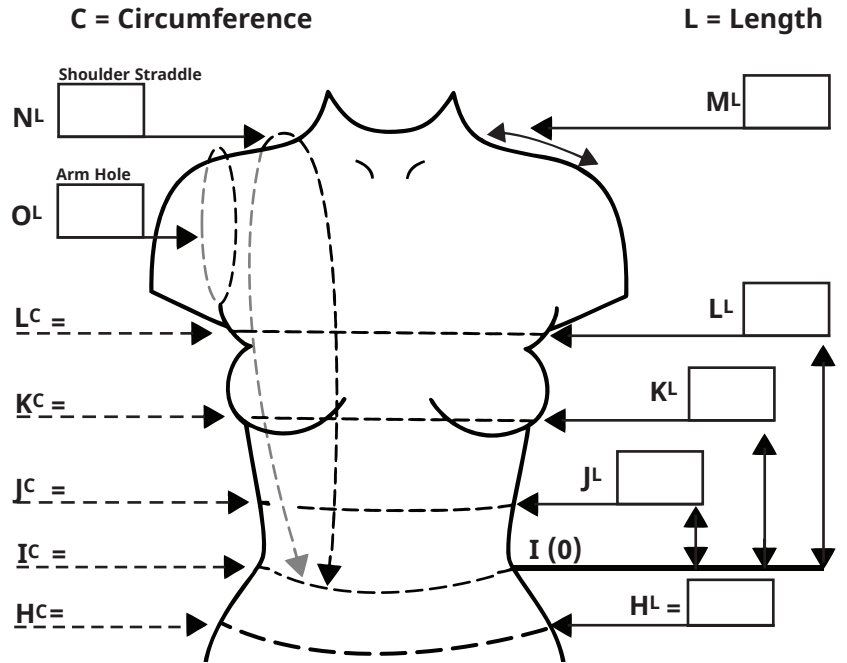


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# TributeNight™ Upper Torso Order Form

**Please Measure in Centimeters**

<b>SHIP TO:</b>	
Attn:	
Street:	
City:	
State:	Zip:
Telephone:	
Fax:	
E-Mail for Shipping Notification:	
<b>BILL TO:</b>	
Attn:	
Street:	
City:	
State:	Zip:
Telephone:	
Fax:	
Account # _____	
<input type="checkbox"/> PO # _____	
<input type="checkbox"/> CC # _____ Exp ____ / ____	
If we have a question, whom should we contact?	
Contact Phone #:	
Client Name or Order Reference #:	
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____	
Age _____ Height _____ Weight _____	
For L&R Internal Usage:	



Breast Tissue Turgor:  Firm  Moderate Drape  Lax  
(For Upper Torso Garments)

Measurements Taken In: <input type="checkbox"/> SUPINE <input type="checkbox"/> STANDING		
QTY	UNIT	PRICE
	Garment Code: TT-	
	Zipper	
	Snap Tape Closure	
	Priority Production Fee (\$40)	
<b>Fabric TributeNight:</b> <b>Color</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
<b>Shipping</b> <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		
<b>TOTAL:</b>		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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.

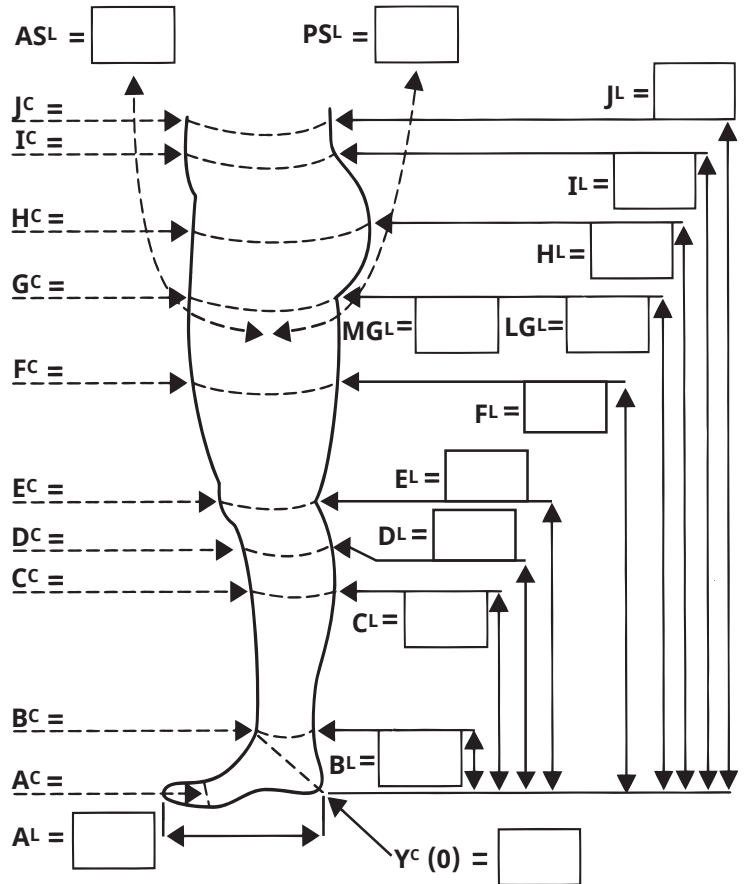
# TributeNight™ Leg Order Form

**Please Measure in Centimeters**

**C = Circumference**

**L = Length**

<b>SHIP TO:</b>	
Attn:	
Street:	
City:	
State:	Zip:
Telephone:	
Fax:	
E-Mail for Shipping Notification:	
<b>BILL TO:</b>	
Attn:	
Street:	
City:	
State:	Zip:
Telephone:	
Fax:	
Account # _____	
<input type="checkbox"/> PO # _____	
<input type="checkbox"/> CC # _____ Exp ____ / ____	
If we have a question, whom should we contact?	
Contact Phone #:	
Client Name or Order Reference #:	
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____	
Age _____ Height _____ Weight _____	
For L&R Internal Usage:	



<input type="checkbox"/> SUPINE <input type="checkbox"/> STANDING <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
QTY	UNIT	PRICE	
	<b>Garment Code: LE-</b> <input type="checkbox"/> Vertical <input type="checkbox"/> Chevron <b>Outer Jacket</b> Fastener: <input type="checkbox"/> Snap <input type="checkbox"/> Velcro		
	<b>Variable Compression Jacket</b>		
	<b>Zipper</b>		
	<b>Velcro</b> <input type="checkbox"/> MO-AP <input type="checkbox"/> MO-VC		
	<b>Non-skid Pads</b> <input type="checkbox"/> TributeNight <input type="checkbox"/> OJ		
	<b>Pull Up Loops</b>		
	<b>Easy Slide Application Aid</b>		
	<b>Priority Production Fee (\$40)</b>		
	TributeNight: <b>Fabric Color</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal <b>Outer Jacket:</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
	<b>Shipping</b> <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		
<b>TOTAL:</b>			

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



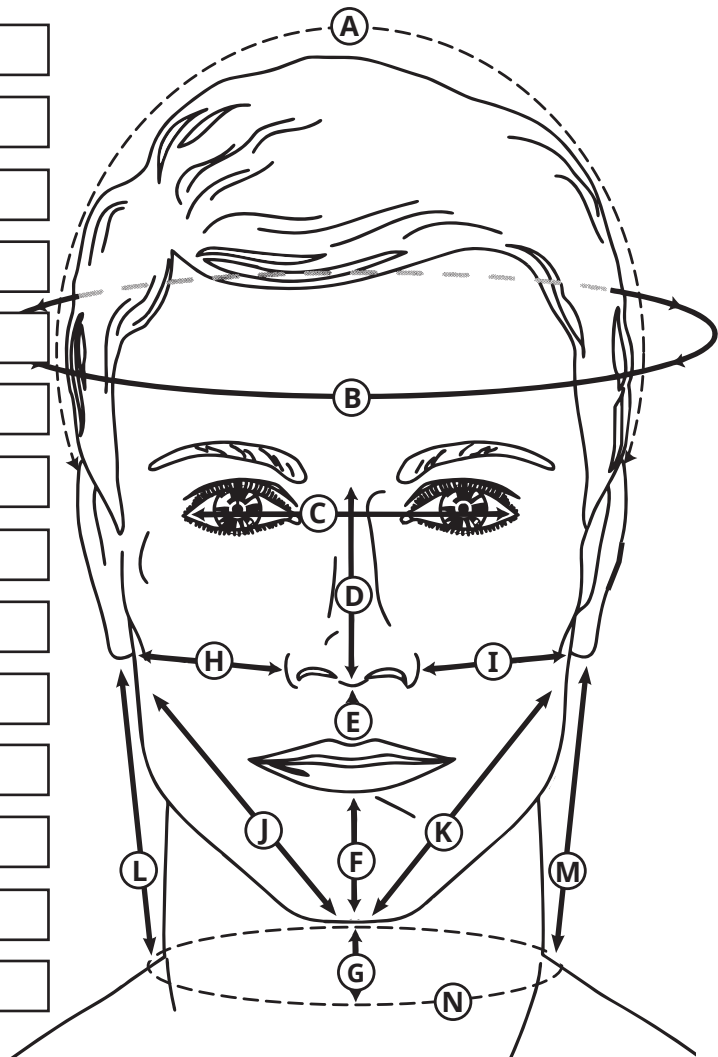
Fax completed order form to (414) 892-4150.  
 L&R USA INC. will fax a quote confirming your  
 order and cost. Questions? Call Custom Design  
 Center at (414) 892-5158.

# TributeNight™ Facial Order Form

**Please Measure in Centimeters**

<b>SHIP TO:</b>	
Attn: _____	
Street: _____	
City: _____	
State: _____	Zip: _____
Telephone: _____	
Fax: _____	
E-Mail for Shipping Notification: _____	
<b>BILL TO:</b>	
Attn: _____	
Street: _____	
City: _____	
State: _____	Zip: _____
Telephone: _____	
Fax: _____	
Account # _____	
<input type="checkbox"/> PO # _____	
<input type="checkbox"/> CC # _____ Exp. / _____	
If we have a question, whom should we contact? _____	
Contact Phone #: _____	
Client Name or Order Reference #: _____	
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____	
Age _____ Height _____ Weight _____	
For L&R Internal Usage: _____	

- A=
- B=
- C=
- D=
- E=
- F=
- G=
- H=
- I=
- J=
- K=
- L=
- M=
- N=



Denote with Hash Marks / / / Areas of Scarring or Fibrosis on Diagram.		
QTY	UNIT	PRICE
	Garment Code: FN-	
	Garment Code: FN-	
	Lip Bridge	N/A
	Trach Modification (no additional charge)	N/A
	Priority Production Fee (\$40)	
Shipping <input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		

**TOTAL:**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



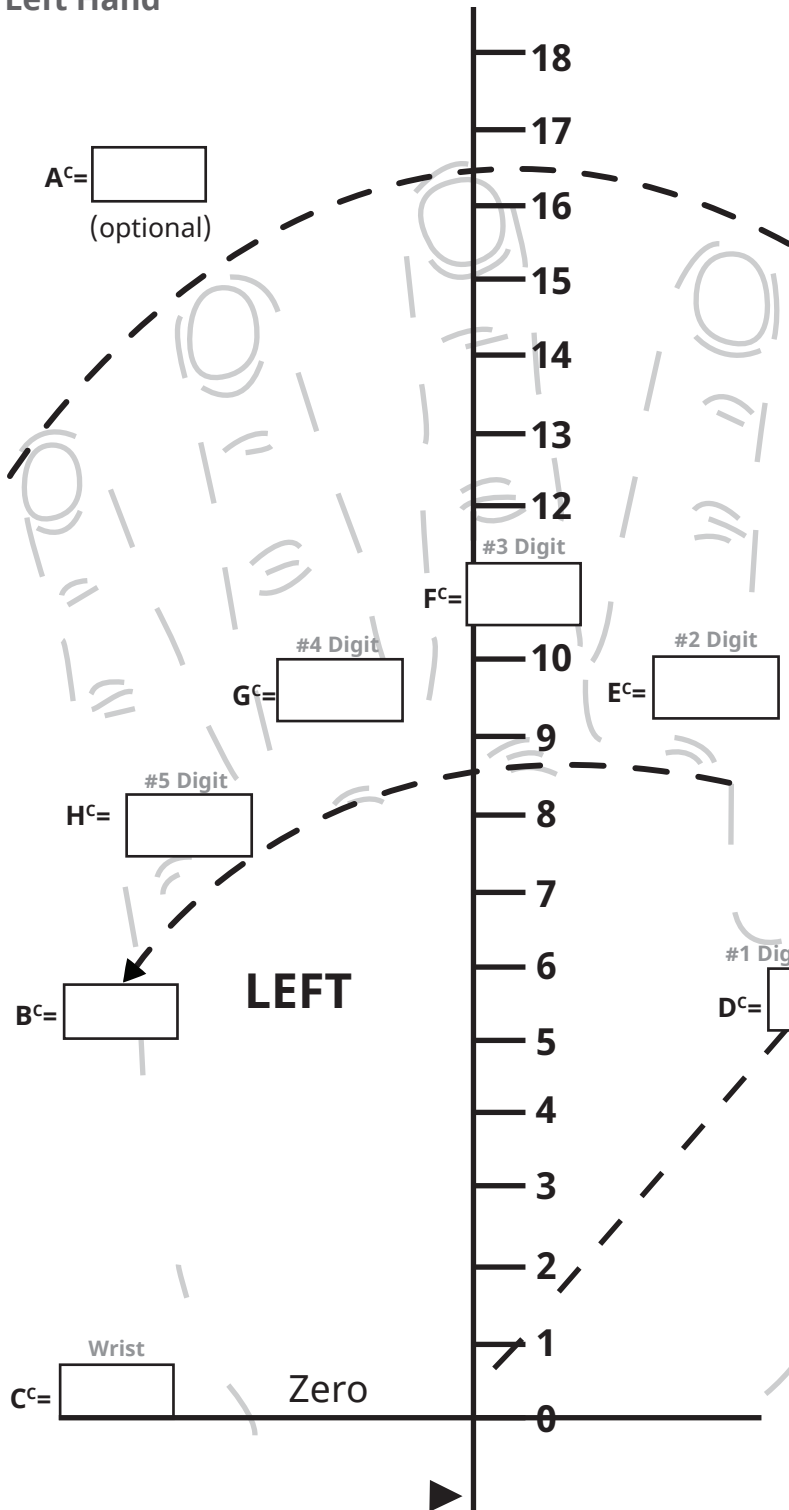
# TributeNight™

## Hand Order Form

### Left Hand

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**



**SHIP TO:**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**BILL TO:**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Account # \_\_\_\_\_

PO # \_\_\_\_\_

CC # \_\_\_\_\_ Exp \_\_\_ / \_\_\_

If we have a question, whom should we contact? \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Client Name or Order Reference #: \_\_\_\_\_

DX  457.1  457.0  Other \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**For L&R Internal Usage:**

QTY	UNIT	PRICE
	Garment Code: UE-	
	Outer Jacket	
	Zipper	
	Velcro	
	Priority Production Fee (\$40)	

**Fabric Option**

TributeNight:

Black  Blue  Maroon  Pink  Teal

**Outer Jacket:**

Black  Blue  Maroon  Pink  Teal

**Shipping**

Bus. GRD  Res. GRD  2nd Day  O/Ngt

**TOTAL:** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

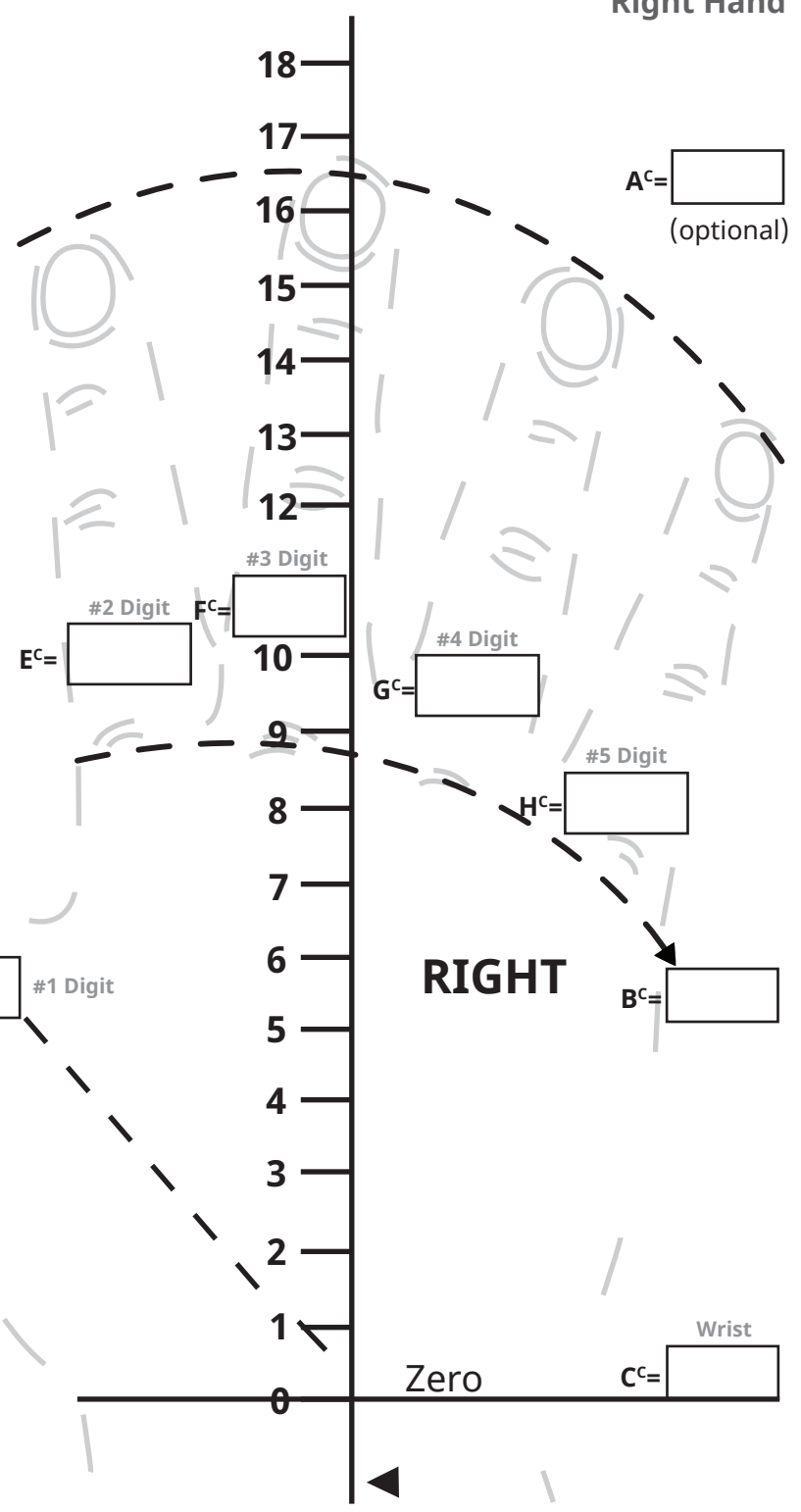


Fax completed order form to (414) 892-4150. L&R USA INC. will fax a quote confirming your order and cost. Questions? Call Custom Design Center at (414) 892-5158.

# TributeNight™ Hand Order Form Right Hand

**Please Measure in Centimeters**

<b>SHIP TO:</b>		
Attn: _____		
Street: _____		
City: _____		
State: _____	Zip: _____	
Telephone: _____		
Fax: _____		
<b>BILL TO:</b>		
Attn: _____		
Street: _____		
City: _____		
State: _____	Zip: _____	
Telephone: _____		
Fax: _____		
Account # _____		
<input type="checkbox"/> PO # _____		
<input type="checkbox"/> CC # _____ Exp. / _____		
If we have a question, whom should we contact? _____		
Contact Phone #: _____		
Client Name or Order Reference #: _____		
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____		
Age _____ Height _____ Weight _____		
<b>For L&amp;R Internal Usage:</b>		
QTY	UNIT	PRICE
	Garment Code: UE-	
	Outer Jacket	
	Zipper	
	Velcro	
	Priority Production Fee (\$40)	
<b>Fabric Option</b>		
TributeNight:		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
Outer Jacket:		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
<b>Shipping</b>		
<input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> O/Ngt		
<b>TOTAL:</b>		



**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**L&R USA INC.**

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Milwaukee, WI 53208 USA

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*Web:* [www.Lohmann-Rauscher.us](http://www.Lohmann-Rauscher.us)

