

# Tribute Night

Custom Foam Nightwear

Control of 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.

## Please Measure in Centimeters

#### **C** = Circumference 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:\_\_

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

**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**™ Upper Torso Order Form

#### Please Measure in Centimeters

SHIP TO:		
Attn:		
Street:		
City:		
State: Zip:	C = Circumference	L = Length
Telephone:	Shoulder Straddle	
Fax: E-Mail for Shipping Notification:	NL Arm Hole	Mr
BILL TO:		
Attn:	Lc =	LL
Street:	=== <del> </del>	
City:	Kc =	Kr
State: Zip:		
Telephone:	Ic = ≯ / - 1 1	
Fax:	Ic = (1(0)	$\downarrow$ $\downarrow$ ,
Account #		HL =
□ PO #	HC=	11
□ CC # Exp/	, , , , , , , , , , , , , , , , , , ,	
If we have a question, whom should we contact?	Breast Tissue Turgor: Firm Moderate Drape  (For Upper Torso Garments)	Lax
Contact Phone #:	(For opper forso darments)	
Client Name or Order Reference #:	Measurements Taken In: SUPINE S	TANDING
	QTY UNIT	PRICE
DX	Garment Code: TT-	
Age Height Weight	Zipper	
For L&R Internal Usage:	Snap Tape Closure	
roi Lak Internal Osage.	Priority Production Fee (\$40)	
	Fabric TributeNight: Color Black Blue Maroon Pink Teal	
	Shipping Bus. GRD Res. GRD 2nd Day Overnight	
	TOTAL:	
Comments:		



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#### Please Measure in Centimeters

Please Measure in Centimeters	C = Ci	rcumference	L = Length
SHIP TO:	ASL =	PSL =	
Attn:	<u>J</u> c_≡	<u> </u>	JL =
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Fax:		MGL= LGL=	
E-Mail for Shipping Notification:	<u>F</u> c=	FL=	<b></b>
BILL TO:	Ec =	Er =	
Attn:	Dc =	Dr=	
Street:	Cc =		
City:		Cr=	
State: Zip:		/	
Telephone:	Bc =		
Fax:	<b>A</b> c =	Br=	<b>↓ ↓↓↓↓</b>
Account #			
□ PO #	A <sup>L</sup> =	Yc (0) =	
□ CC # Exp/	S	UPINE STANDING LEFT	RIGHT
If we have a question, whom should we contact?	QTY	UNIT	PRICE
		Garment Code: LE-	
Contact Phone #:		Outer Jacket Fastener: ☐ Snap ☐ Velcro	
Client Name or Order Reference #:		Variable Compression Jacket	
		Zipper	
DX		Velcro □MO-AP □ MO-VC	
Age Height Weight		Non-skid Pads ☐ TributeNight ☐ OJ	
For L&R Internal Usage:		Pull Up Loops	
Tor Lan Internal osage.		Easy Slide Application Aid Priority Production Fee (\$40)	
	Fabric DE	uteNight: Black Blue Maroon Pink Teal	
	Shipping [	Bus. GRD Res. GRD 2nd Day Overnight	
		TOTAL:	
Comments:		·	

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

**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**<sup>™</sup> Facial Order Form

#### Please Measure in Centimeters

		¬(A)	
SHIP TO:	A=		
Attn:	┚╴┌		
Street:	B=		
City:	C=		1)//
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Telephone:	D=		· # - # -
Fax:	E=		
E-Mail for Shipping Notification:		(B)	<del></del>
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BILL TO:	G=		
Attn:	1		<b>&gt;</b>
Street:	_  H=	一 //(	
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Fax:	K=		' /
Account #	"  =		ΛΙ
□ PO #	L=		M
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If we have a question, whom should we contact?	┤ ‴⁻├─		- []
	N=		-1'
Contact Phone #:			
Client Name or Order Reference #:		Denote with Hash Marks //// Area of Scarring or Fibrosis on Diagram	as
	QTY	UNIT	PRICE
DX		Garment Code: FN-	
Age Height Weight		Garment Code: FN-	
For L&R Internal Usage:	_	Lip Bridge	N/A N/A
J		Trach Modification (no additional charge)  Priority Production Fee (\$40)	IN/A
	Shinning [	Bus. GRD Res. GRD 2nd Day Overnight	
	Simplify [	Bus. GRD Res. GRD 2nd Day Overnight	
		TOTAL:	
Comments:			



Fax completed order form to (414) 892-4150. L&R USA INC. will fax a quote confirming your order and cost. Questions? **TributeNight** Call Custom Design Center at (414) 892-5158. Hand Order Form Please Measure in Centimeters **Left Hand** SHIP TO: 18 Attn: Street: -17 City: State: Zip: (optional) Telephone: 15 Fax: **BILL TO:** Attn: 13 Street: City: State: Zip: #3 Digit Telephone: FC= #2 Digit Fax: #4 Digit 10 Account # Ec= □ PO # #5 Digit □ CĆ # H<sup>c</sup>= 8 If we have a question, whom should we contact? 7 Contact Phone #: #1 Digit - 6 **LEFT** Client Name or Order Reference #: - 5 DX 457.1 457.0 Other \_ Height Weight 3 For L&R Internal Usage: **PRICE** QTY **UNIT Garment Code: UE-Outer Jacket** Wrist Zero **Zipper** Velcro **Priority Production Fee** (\$40) **Fabric Option** TributeNight: ☐ Black ☐ Blue ☐ Maroon ☐ Pink ☐ Teal Comments:\_\_ Outer Jacket: ☐ Black ☐ Blue ☐ Maroon ☐ Pink ☐ Teal

Bus. GRD ☐ Res. GRD ☐ 2nd Day ☐ O/Ngt

TOTAL:



**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 Dlanca Mansura in Contimators

	Please Measure in Centimete	ers				Hariu C	ruel l'ollil
SHIP T	0:				ı		Right Hand
Attn:					18—		
Street:					4-		
City:					17—		<b>a</b> c
State:	Zip:				16	)	<b>A</b> <sup>c</sup> =
Teleph	one:				16	/,	(optional)
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Fax:				#2 Digit		#4 Digit	/ /
Acc	ount #		<b>E</b> <sup>c</sup> =	-	10	G <sup>c</sup> =	2
PO :	#			6-		- <del> </del>	/
☐ CC #	Exp.	/					#5 Digit
If we h	ave a question, whom should we	contact?			8 —	Hc=	
					<u>-</u>		
Contac	t Phone #:	` \	_		/ _		
Client	Name or Order Reference #:	Dc=	#	1 Digit	6 —	RIGHT	Bc≡
DX 🗆	57.1		1		5 —		
Age	Height Weight				4 —		
For L&	R Internal Usage:				3 —		
QTY	UNIT	PRICE		\	`		,
	Garment Code: UE-				$^{\prime}$		
	Outer Jacket				1		Wrist
	Zipper				`	Zero	Cc=
	Velcro			1	0		
	Priority Production Fee (\$40)			1		<b>4</b> \	
Tributel Black Outer Ja	Blue Maroon Pink Teal			Comments	· 	\	
Shippi							
	GRD ☐ Res. GRD ☐ 2nd Day ☐ O/Ngt						
	TOTAL:						



## L&R USA INC.

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