



L&R INTERNAL USE ONLY

TributeNight™ Torso Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: ____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style TT - _____
Breast Tissue Turgor:
Firm Moderate Drape Lax

Channeling Chevron (Design consult needed) Vertical

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____
<input type="checkbox"/> Snap tape	_____

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)

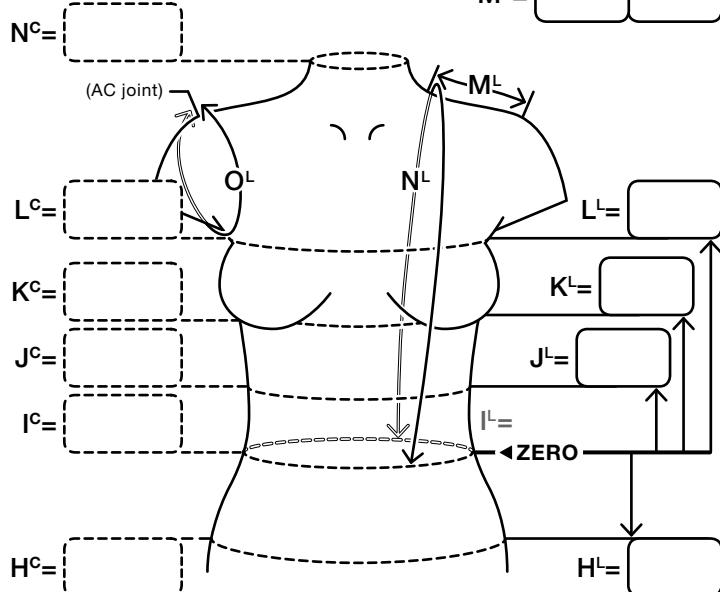
Date taken: ____ / ____ / ____

Patient Left Patient Right

O^L=

N^L=

M^L=



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.