



TributeNight™

Measuring and Order Forms





L&R INTERNAL USE ONLY

TributeNight™ Arm Order Form

1 Patient Information

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

2 Garment Design

Style UE - _____ Right Arm Left Arm

Channeling Chevron (Vertical channeling not available.)

Profile Original Low

Color Black Navy Purple Red Teal Pink

Modifications

QTY.	Notes/Placement Instruction
___ Zippers
___ VELCRO® fastener
<input type="checkbox"/> Closure
<input type="checkbox"/> Adjustable panels
___ Pull-up loops
___ Digit spacers
___ Snap tape

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
- Color: Black Navy Purple Red Teal Pink
- Fastener: VELCRO® 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. #: _____

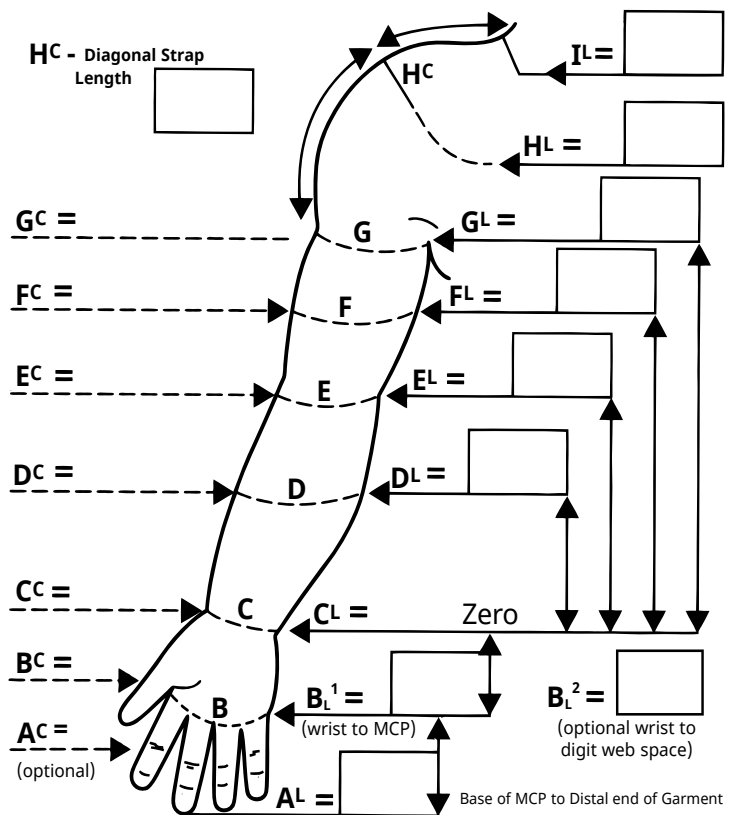
3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Standard 4-Day Guarantee*
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

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 414-892-5158.

*Order must be received by 2:00PM Central; business days, holidays excluded; US customers only.



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 Vertical

Profile Original Low

Color Black Navy Purple
 Red Teal Pink

Modifications

QTY.	Notes/Placement Instruction
___ Zippers
___ VELCRO® fastener
<input type="checkbox"/> Closure
<input type="checkbox"/> Adjustable panels
___ Snap tape

Special Instructions:

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____
 Phone: _____ Fax: _____
 Contact Name & Phone: _____
 Account #: _____ P.O. #: _____

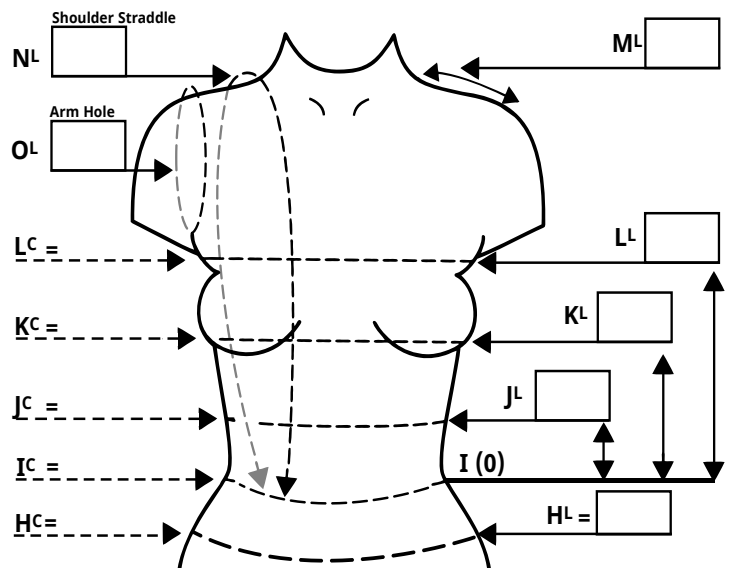
3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Standard 4-Day Guarantee*
 Priority Requested Delivery Date: _____

Ship to: _____
 Attn: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email (for shipping notification): _____

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L&R INTERNAL USE ONLY

TributeNight™ Leg Order Form

1 Patient Information

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

2 Garment Design

Style LE - _____ Right Leg Left Leg

Channeling Chevron Vertical

Profile Original Low

Color Black Navy Purple Red Teal Pink

Modifications

QTY.	Notes/Placement Instruction
___ Zippers
___ VELCRO® fastener
<input type="checkbox"/> Closure
<input type="checkbox"/> Adjustable panels
___ Non-skid pads
___ Pull-up loops
___ Digit spacers

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
- Color: Black Navy Purple Red Teal Pink
- Fastener: VELCRO® 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. #: _____

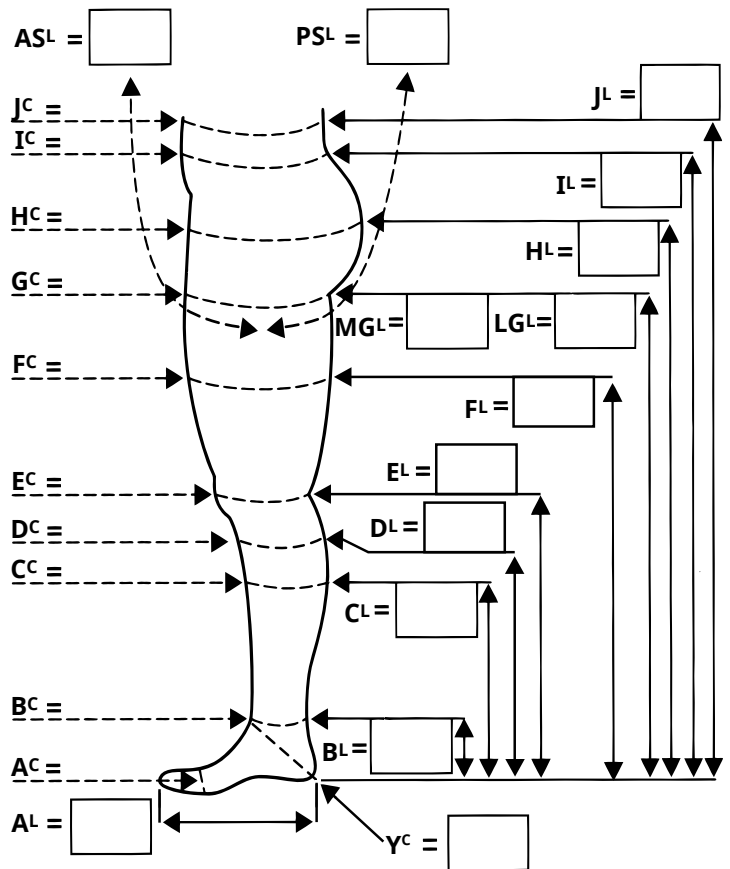
3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Standard 4-Day Guarantee*
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

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L&R INTERNAL USE ONLY

TributeNight™ Facial Order Form

1 Patient Information

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

2 Garment Design

Style FN - _____

Channeling (Custom channeling not available.)

Profile Original Low

Color Black (Custom fabric color not available.)

Modifications

QTY.	Notes/Placement Instruction
___ Lip bridge
___ Tracheotomy accommodation

Special Instructions:

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

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

Denote areas of scarring or fibrosis with hash marks (////).

5 Shipping Information

Shipping: Standard 4-Day Guarantee*
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

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L&R INTERNAL USE ONLY

TributeNight™ Hand Order Form **L**

1 Patient Information

Name: _____ 18 Phone Number: _____ Age: _____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___/___/___

A^c=
(optional)

F^c=

E^c=

G^c=

H^c=

B^c=

**LEFT
HAND**

D^c=

Wrist
C^c=

ZERO ▶ 0

4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Color Black Navy Purple
 Red Teal Pink

Modifications

QTY.

Notes/Placement Instruction

- Zippers
- VELCRO® fastener
 - Closure
 - Adjustable panels

Accessories

- Outer Jacket (OJ)
- Color: Black Navy Purple Red Teal Pink
- Fastener: VELCRO® Snap

Special Instructions:

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard 4-Day Guarantee*
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

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 414-892-5158.

*Order must be received by 2:00PM Central; business days, holidays excluded; US customers only.



L&R INTERNAL USE ONLY

TributeNight™ Hand Order Form **R**

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.)

Profile Original Low

Color Black Navy Purple
 Red Teal Pink

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ VELCRO® fastener	_____
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Adjustable panels	_____

Accessories

___ Outer Jacket (OJ)
 Color: Black Navy Purple Red Teal Pink
 Fastener: VELCRO® Snap

Special Instructions: _____

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard 4-Day Guarantee*
 Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

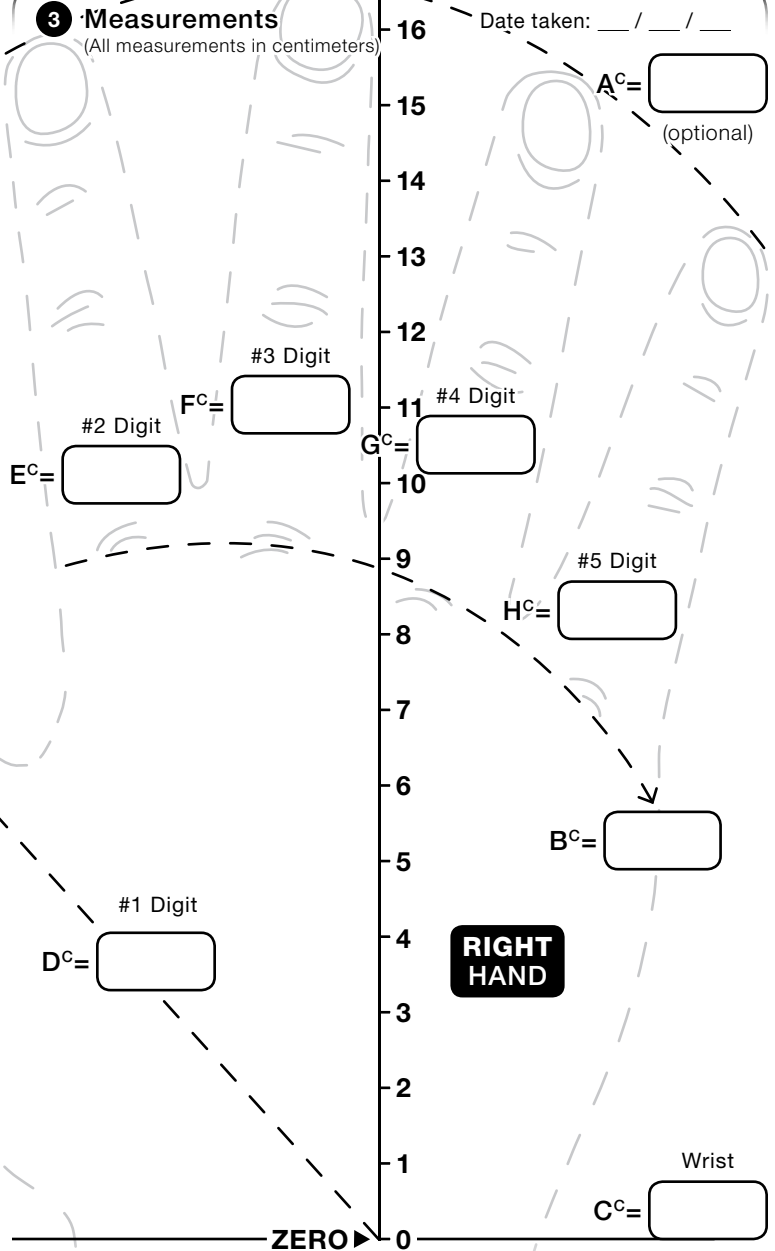
City: _____ State: _____ Zip: _____

Phone: _____

Email (for shipping notification): _____

3 Measurements

(All measurements in centimeters)



4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

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 414-892-5158.

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For more information or to find a dealer near you, please contact:

L&R USA INC.

3880 W Wheelhouse Road
Milwaukee, WI 53208 USA

Phone: 855-892-4140, 414-892-4140

Fax: 414-892-4150

Email: inquiries@us.LRmed.com

Website: www.Lohmann-Rauscher.us