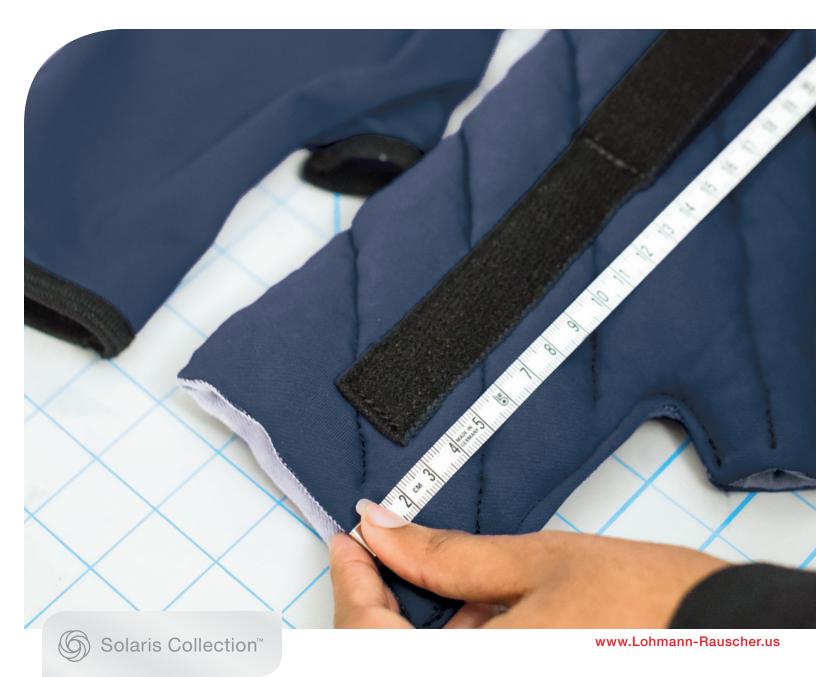


TributeNight[™] Measuring and Order Forms





TributeNight[™] Arm Order Form

	1	
&R INTERNAL USE ONLY		
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1251A

1 Patient Information			
Name:	Phone Number:	Age:	Height: Weight:
Therapist/Fitter: Name:	Phone Number:	Email:	
2 Garment Design) (3 Measurements (All measurements in centimeters)	Date taken: / /
The style UE	□Right Arm — □Left Arm	C = Circumference	L = Length
Channeling Chevron (Vertical channeling not	available.)		L – Length
Profile □Original □Low		HC - Diagonal Strap	
Color Black Navy Purp Red Teal Pink			
Image: Special Instructions QTY. Notes/Placement Inst VELCRO® fastener Image: Closure Image: Closure Image: Closure Image: Closu		$\underline{GC} = \underbrace{G}$ $\underline{FC} = \underbrace{F}$ \underline{FC} $\underline{FC} = \underbrace{F}$ \underline{FC} \underline{FC} \underline{FC} $$	$G^{L} =$ $F^{L} =$ $E^{L} =$ $D^{L} =$ $B^{L}^{2} =$ $B^{L}^{2} =$ C^{P} $B^{L}^{2} =$ C^{P} $B^{L}^{2} =$ C^{P} C^{P
Exact Reorder of Order #:		Shipping Information Shipping:	y Date:
Billing Information		Attn:	
Business Name:		Street:	
Phone: Fax:		City:	State: Zip:
Contact Name & Phone:		Phone:	
Account #: P.O. #:] [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.



TributeNight[™] Torso Order Form

L&R INTERNAL USE ONLY		

1251T

Patient Information			
Name:	Phone Number:	Age:	Height: Weight:
Therapist/Fitter: Name:	Phone Number:	Email:	
2 Garment Design	3	Measurements (All measurements in centimeters)	Date taken: / /
Style TT - Breast Tissue Turgor: □ Firm		C = Circumference	L = Length
Channeling □Chevron □Vertical		Shoulder Straddle	л ML
Profile □Original □Low	N ^L	Arm Hole	
□ Black □ Navy □ Put □ Red □ Teal □ Pin □ □ □			
Wodifications QTY. Notes/Placement Ins Zippers	 Γc [−] =		
Exact Reorder of Order #:	Ship	Shipping Information ping: □Standard 4-Day Guaran □Priority Requested Deliv to:	very Date:
Billing Information Business Name: Phone: Fax: Contact Name & Phone:	□ Quote Only Attn City	et:	State: Zip:
Account #: P.O. #:) (Ema	il (for shipping notification):	

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 414-892-5158.



Name:

($\hat{\pi}$) Style

(1) Profile

© Color

(F) Modifications

_ Zippers

___ VELCRO® fastener □Closure

Non-skid pads

_ Outer Jacket (OJ)

___ Easy-Slide Donning Aid

Pull-up loops Digit spacers

QTY.

1 Patient Information

Therapist/Fitter: Name: ____

2 Garment Design

LE - ____

□Original

_ Variable Compression Jacket (VCJ)

Fastener: □VELCRO® □Snap

□Black

□Red

□Low

□Navy

□Teal

□Adjustable panels

Color: □Black □Navy □Purple □Red □Teal □Pink

□Purple

□Pink

Notes/Placement Instruction

Channeling Chevron Vertical

TributeNight[™] Leg Order Form

Phone Number:

Phone Number:

□Right Leg

□ Left Leg

L&R INTERNAL US	E ONLY	
	_ Age: Height:	
3 Measurement	ents Date ts in centimeters)	taken: / /
C = Circumferei	nce	L = Length
$AS^{L} = $	PSL =	JL =
Hc=		
<u>F</u> ^c =	FL =	
E ^c ≡ ► D ^c ≡ ► C ^c ≡		
<u>B</u> c=		

(+) Accessories

5 Shipping Information	
Shipping: Standard 4-Day Guarantee*	

BL:

J	Priority Requested Delivery Date:		
	Ship to:		
Quote Only	Attn:		
	Street:		
	City: State: Zip:		
	Phone:		
	Email (for shipping notification):		

□ Exact Reorder of Order #:

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.

A^c = AL =

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



TributeNight[™] Facial Order Form

L&R INTERNAL USE ONLY		

1 Patient Information				
Name:	Phone Number:	A	Age: Height:	Weight:
Therapist/Fitter: Name:				
2 Garment Design		Measurements (All measurements in c		Date taken: / / /
The style FN	A	A=	,A-	
Channeling (Custom channeling not available.)	E	3=	1 - Contraction of the second	
→ Profile □Original □Low				
Color DBlack (Custom fabric color not av	ailable)			
(₭) Modifications	F		В	
QTY. Notes/Placement Inst Lip bridge Tracheotomy accommodation				
Special Instructions:	L N			
		Denote areas of so	carring or fibrosis w	rith hash marks (////).
		Shipping Inform	mation	
□Exact Reorder of Order #:) si	-+ Priority Rea		
	si			
Billing Information	Quote Only At	:tn:		
Business Name:	St	reet:		
Phone: Fax:	Ci	ity:	State	Zip:
Contact Name & Phone:	Pł	none:		
Account #: P.O. #:) (Er	mail (for shipping notification	on):	

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



TributeNight[™] Hand Order Form

1 Patient Information		
Name:	- 18 Phone Number:	Age: Height: Weight:
Therapist/Fitter: Name:	Phone Number:	Email:
	- 17	
3 Measurements, (All measurements in centimeters)	Date taken://	2 Garment Design
	- 15 /	(†) Style UE
c= (optional)	-14	Channeling Uvertical (Chevron channeling not available.)
	- 13	Profile □Original □Low
2131	-12 #3 Digit	
F ^c	= / #2 Digit	(F) Modifications
	- 10	QTY. Notes/Placement Instruction
#5 Digit		VELCRO® fastener □Closure
H ^c =	-8	Adjuštable panels
17	- 7	Accessories Outer Jacket (OJ)
Ľ,	- 6	Color: □Black □Navy □Purple □Red □Teal □Pir Fastener: □VELCRO® □Snap
c=	- 5 #1 Digit	Special Instructions:
LEFT HAND	-4 D ^c =	
	- /	/
	-3	
	-2 /	□Exact Reorder of Order #:
````	- /	5 Shipping Information
Wrist	-1 /	
^c =( ) \		Shipping: Standard 4-Day Guarantee*
ZEI	RO► ^V 0	Ship to:
Billing Information	□ Quote Only	Attn:
Business Name:		Street:
Phone: Fa		City: State: Zip:
Contact Name & Phone:		Phone:
Account #: P		Email (for shipping notification):

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

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1251HL

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



TributeNight [™]	Hand	Order	Form	R
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me:	Phone Number:	Age: 18	BHeight: Weight:
erapist/Fitter: Name:	Phone Number:		7
			<u> </u>
Garment Design		easurements	
) Style UE		- 18	5 A ^c =
) Channeling DVertical (Chevron channeling r	not available.)	- 14	
) Profile □Original □Low			<b>3</b> / <b>1</b> / (
) Color □Black □Navy □Pu □Red □Teal □Pi	urple nk	#3 Digit	2 / #4 Digit / /
) Modifications	#2	Digit $F^c = $	
QTY. Notes/Placement Ir			
VELCRO® fastener		9	/ #5 Digit
Accessories		-8	
Outer Jacket (OJ) Color: □Black □Navy □Purple □Red Fastener: □VELCRO® □Snap	⊡Teal □Pink	-6	
· · · · · · · · · · · · · · · · · · ·		0	B ^c =
ecial Instructions:		- <b>5</b> #1 Digit	
	D ^c =	-4	RIGHT HAND
xact Reorder of Order #:		-3	/
Shipping Information		2	/
ipping:  Standard 4-Day Guarantee [®] Priority Requested Delivery Date:	<u> </u>	\ -1 \ \	/ C ^c =
ip to:		ZERO ► 0	/
n:	( 4 B	illing Information	□ Quote O
eet:		ss Name:	
y: State:	Zip: Phone:	Fa	IX:
one:		t Name & Phone:	

L&R INTERNAL USE ONLY

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

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



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, 414-892-4140Fax:414-892-4150Email:inquiries@us.LRmed.comWebsite:www.Lohmann-Rauscher.us