Tribute™ Freedom Arm Order Form

Have questions? Need help?
Talk to a Design Consultant!

1 Patient Information

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

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

2 Garment Design

Style ☐Right Arm ☐Left Arm

Compression (mmHg)

☐15–20 ☐20–30 ☐30–40 ☐40+ ☐Custom

☐CCL 1 ☐CCL 2 ☐CCL 3

Color ☐Black (Only available in black.)

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Trim (optional)	
	└☐Lace	
	└☐Lace w/Silicone	
	└☐Silicone dot	
___	Donning loops	
___	Snap tape	
___	Hook & eye	

»» Additional customizations available upon design consult.

Special Instructions:

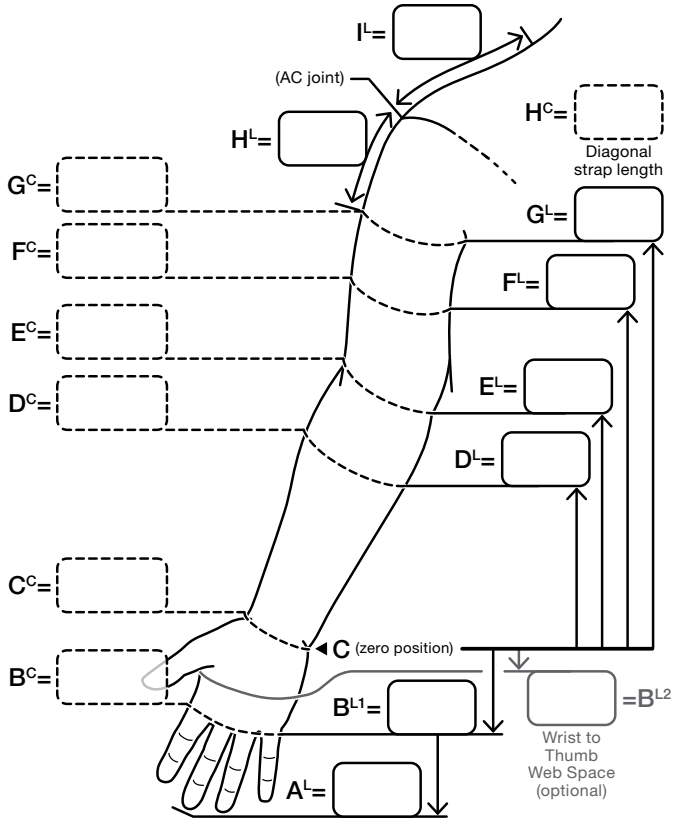
☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

^{C} = Circumference ^{L} = Length



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: ____

5 Shipping Information

Shipping: ○Standard
○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ Postal Code

Phone: _____

Email (for shipping notification): _____