



Tribute™ Freedom Torso 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

Breast Tissue Turgor:

☐ Firm ☐ Moderate Drape ☐ Lax



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 #: _____

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)

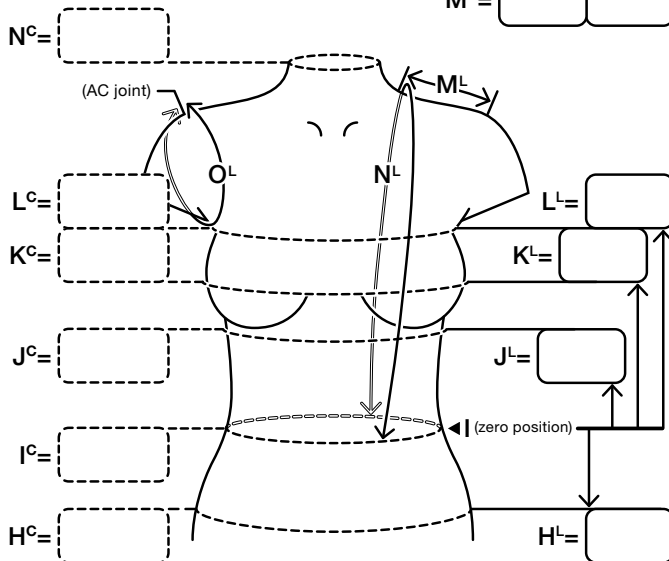
Date taken: ____ / ____ / ____

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): _____