TributeNight™ Arm Order Form

Have questions? Need help?
Talk to a Design Consultant now!
Available M–F, 8:00AM—6:00PM Central.

1 Patient Information

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

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

2 Garment Design

Style ☐Right Arm ☐Left Arm UE - _____

Channeling ☐Chevron ☐Vertical (Design consult needed)

Fill ☐Chopped Foam ☐Soft Fill

Profile ☐Original ☐Low

Color ☐Black ☐Blue ☐Purple ☐Raspberry ☐Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Adjustable panels (VELCRO® brand)	
___	Adjustable straps w/Finger grip	
___	Pull-up loops	
___	Digit spacers	
___	Snap tape	
___	Closure (VELCRO® brand)	

Accessories

___ Variable Compression Jacket (VCJ)
___ Outer Jacket (OJ)
- Color: ☐Black ☐Blue ☐Purple ☐Raspberry ☐Slate
- Fastener type: ☐VELCRO® brand fastener ☐Snap

___ Easy Slide Donning Aid

Special Instructions:

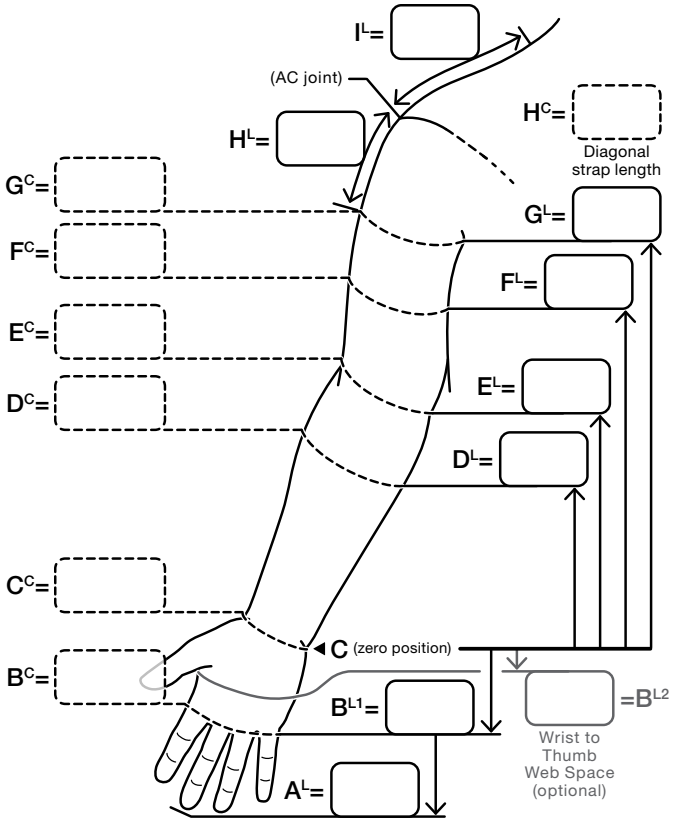
☐Exact Reorder of Order #: _____

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): _____