



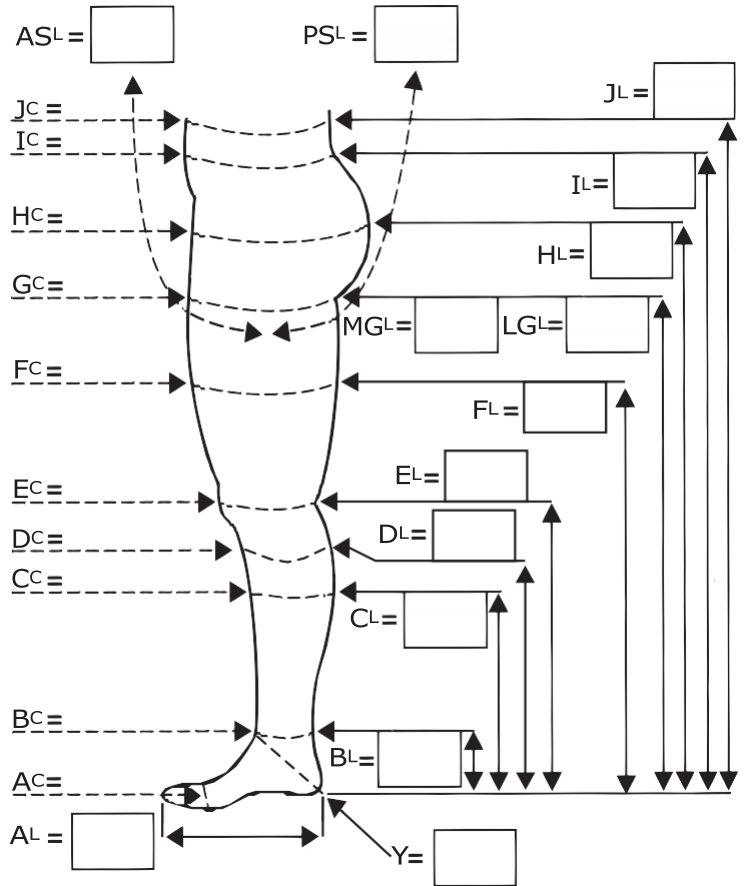
# TributeNight Leg Order Form

Please Measure in Centimeters

C = Circumference

L = Length

Patient Last Name: \_\_\_\_\_  
 Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_  
 Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (ex: PT/OT/PTA)  
 Date: \_\_\_\_\_  
 For Solaris Internal Usage: \_\_\_\_\_



<input type="checkbox"/> SUPINE <input type="checkbox"/> STANDING <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
QTY	UNIT
	<b>Garment Code: LE-</b> <input type="checkbox"/> Vertical <input type="checkbox"/> Chevron
	<b>Outer Jacket</b>
	<b>Variable Compression Jacket</b>
	<b>Zipper (on Tribute only)</b>
	<b>Velcro</b> <input type="checkbox"/> MO-AP <input type="checkbox"/> MO-VC
	<b>Nonskid Pads</b> <input type="checkbox"/> Tribute <input type="checkbox"/> OJ
	<b>Pull Up Loops (on Tribute only)</b>
	<b>Easy Slide Application Aid</b>
<b>Fabric Color</b>	Tribute <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Blue Outer Jacket <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Blue

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fax to **443-455-1402**