



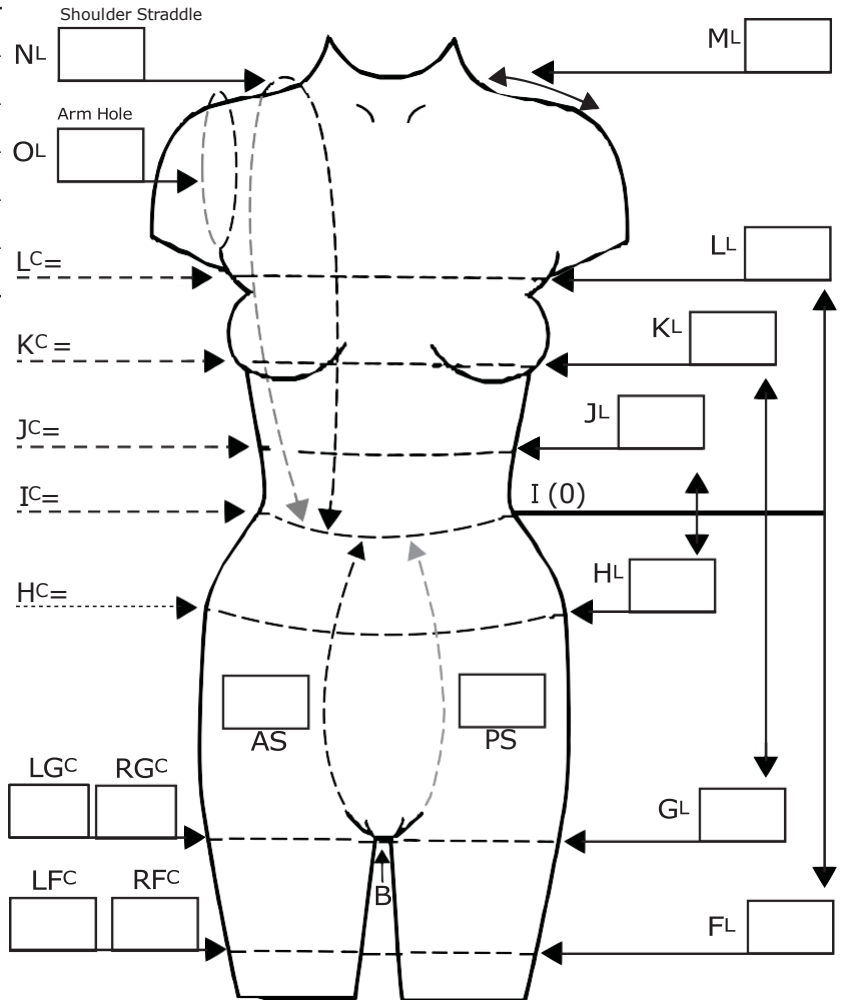
TributeNight Torso Order Form

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: _____



Breast Tissue Turgor: Firm Moderate Drape Lax
 (For Upper Torso Garments)

Measurements Taken In: <input type="checkbox"/> SUPINE <input type="checkbox"/> STANDING	
QTY	UNIT
	Garment Code: TT-
	Zipper
	Snap Tape Closure
Fabric Color	Tribute <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**