



TributeNight™ Leg & Lower Torso Order Form



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



SCAN TO CALL

1 Patient Information

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

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

2 Garment Design

Style ☐ Right Leg ☐ Left Leg LE - _____

Channeling ☐ Chevron ☐ Vertical

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	_____
☐ Non-skid pads	_____
☐ Pull-up loops	_____
☐ 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
 - Modifications: ☐ Non-skid pads
- ☐ Easy Slide Donning Aid

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: ____ / ____ / ____

Diagram illustrating measurement points for the leg and lower torso. Measurements are taken in centimeters.

Measurements include:

- AS^L = _____ = PS^L (Measure to desired proximal end of garment)
- J^C = _____ J^L = _____
- I^C = _____ I^L = _____
- H^C = _____ H^L = _____
- G^C = _____ G^L = _____ (Medial Lateral)
- F^C = _____ F^L = _____
- E^C = _____ E^L = _____
- D^C = _____ D^L = _____
- C^C = _____ C^L = _____
- B^C = _____ B^L = _____
- A^C = _____ A^L = _____ = Y^C

5 Shipping Information

Shipping: ☐ Standard

☐ Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Province Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.

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