

EarlyImpressions™ Hand Order Form

RIGHT HAND

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____
 Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style UE - _____

Channeling Vertical (Chevron channeling not available.)

Profile Original Low

Color Black Slate Purple Raspberry

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ VELCRO® fastener	_____
<input type="checkbox"/> Closure	_____
<input type="checkbox"/> Adjustable panels*	_____

Accessories

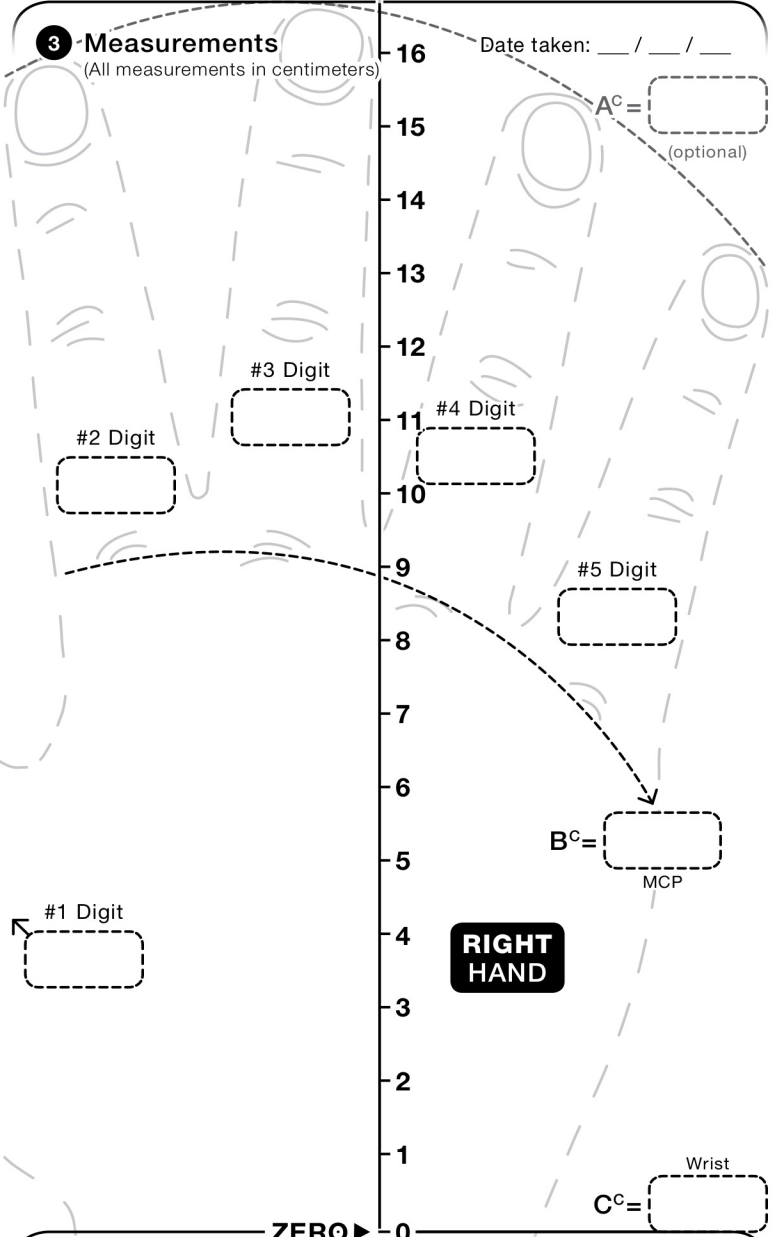
___ Outer Jacket (OJ)
 Color: Black Slate Purple Raspberry
 Fastener type: VELCRO® Snap
 Modifications: Non-skid pads

Special Instructions: _____

Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)



RIGHT HAND

5 Shipping Information

Shipping: Ground 2nd Day Overnight

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for shipping notification): _____

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: _____

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 414-892-5158.

*Garments with Adjustable Panels are available in Black only.