



Early Impressions™ Torso Order Form

1 Patient Information

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

2 Garment Design

- Style** TT - _____
- Channeling** Chevron (Design consult needed) Vertical
- 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* | _____ |
| ___ Snap tape | _____ |

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: _____

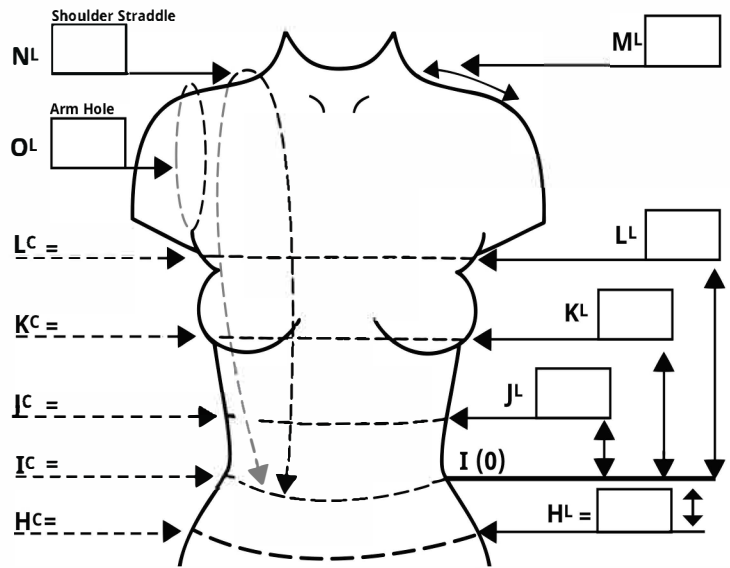
3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Shipping: Ground 2nd Day Overnight

Ship to: _____
 Attn: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email (for shipping notification): _____