



L&R INTERNAL USE ONLY

# TributeNight™ Torso Order Form

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

TT - \_\_\_\_\_  
Style Breast Tissue Turgor:  
Firm Moderate Drape Lax

Channeling Chevron (Design consult needed) Vertical

Profile Original Low

Color Black Slate Purple Raspberry

### Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	.....
<input type="checkbox"/> VELCRO® fastener	.....
Closure	.....
Adjustable panels	.....
<input type="checkbox"/> 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: \_\_\_\_\_

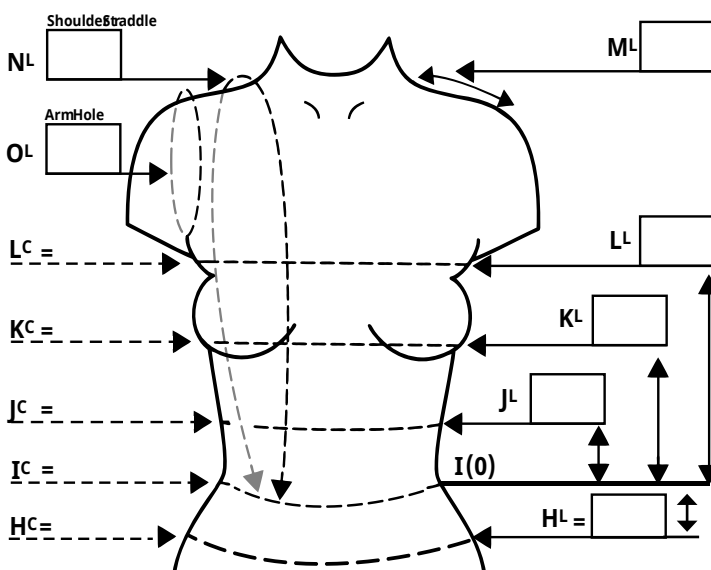
## 3 Measurements

Date taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(All measurements in centimeters)

C = Circumference

L = Length



## 5 Shipping Information

Shipping: Standard 4-Day Guarantee\*  
Priority Requested Delivery Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (for shipping notification): \_\_\_\_\_