

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: _____

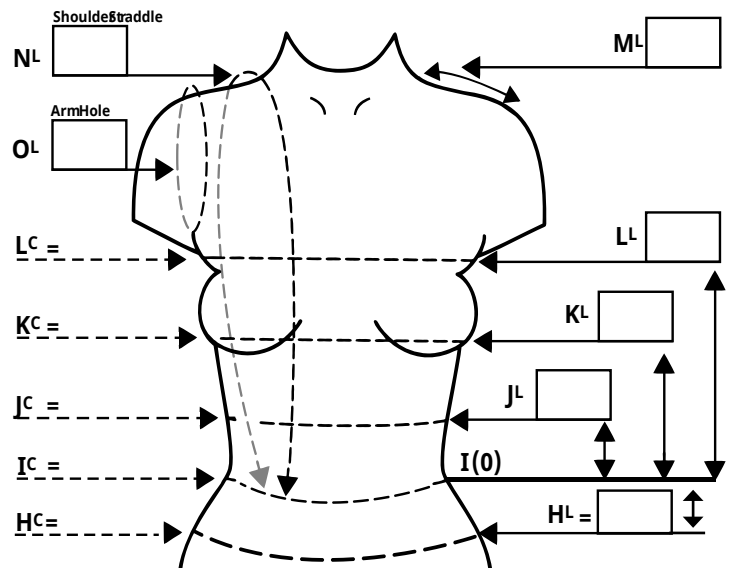
3 Measurements

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): _____