



TributeWrap™ Order Form

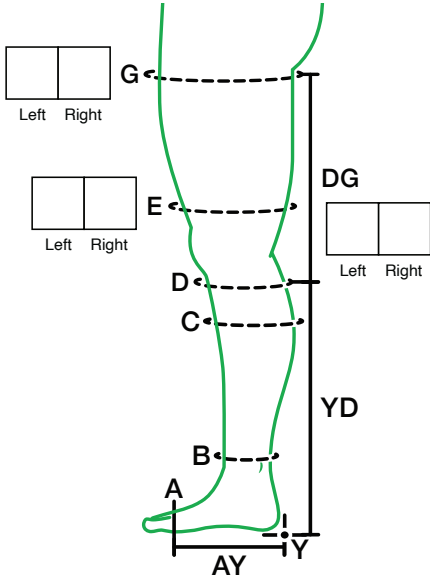
LOWER EXTREMITY

1 Order Information

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

TributeWrap Below Knee (sold individually)

Size	Circumference		Length		Qty.	
	B ^c	D ^c	AY ^L	YD ^L	Left	Right
Small	24-30	30-36				
Medium	27-33	33-41.5	19-22	40-44		
Large	30-36	36-45				

* Y measurement is at the base of the heel.

All measurements in centimeters.

4 Shipping

Ground 2nd Day Overnight

Ship to _____
 Attn _____
 Street _____
 City _____
 State/Province _____ Zip/Postal code _____
 Phone _____
 Email (for shipping notification) _____

Tribute® Wrap Below Knee

left or right orientation, sold individually, Black Sleep Sleeve included

Size	Circumference		Length	
	B ^c	C ^c	AY ^L	YD ^L
Regular				
Small	24-30	30-36	19-22	40-44
Medium	27-33	33-41.5		
Large	30-36	36-45		
Long NEW				
Small	24-30	30-36	23-26	45-49
Medium	27-33	33-41.5		
Large	30-36	36-45		

Tribute® Wrap Knee to Thigh NEW

left or right orientation, sold individually, Black Sleep Sleeve included

Size	Circumference			Length
	D ^c	E ^c	G ^c	DG ^L
Regular				
Small	31-36	42-48	53-60	35-40
Medium	35-40	47-53	59-66	
Large	39-44	52-58	65-72	
Long				
Small	31-36	42-48	53-60	40-45
Medium	35-40	47-53	59-66	
Large	39-44	52-58	65-72	

Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies

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