



# Tribute™ Freedom Leg & Lower Torso Order Form

## Q Patient Information

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

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

## Q Garment Design

Style  Right Leg  Left Leg

Compression (mmHg)  
Q15-20 Q20-30 Q30-40 Q>40 QCustom  
OCCL1 QCCL2 QCCL3 QCCL4

Color  Black (Only available in black.)

## f Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Trim (optional)	_____
<input type="checkbox"/> LD Lace	_____
<input type="checkbox"/> Lace w/Silicone	_____
<input type="checkbox"/> Silicone dot	_____
<input type="checkbox"/> Donning loops	_____
<input type="checkbox"/> Snap tape	_____
<input type="checkbox"/> Hook & eye	_____

>>> Additional customizations available upon design consult.

Special Instructions: \_\_\_\_\_

Exact Reorder of Order #: \_\_\_\_\_

## Q Billing Information

Quote Only

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

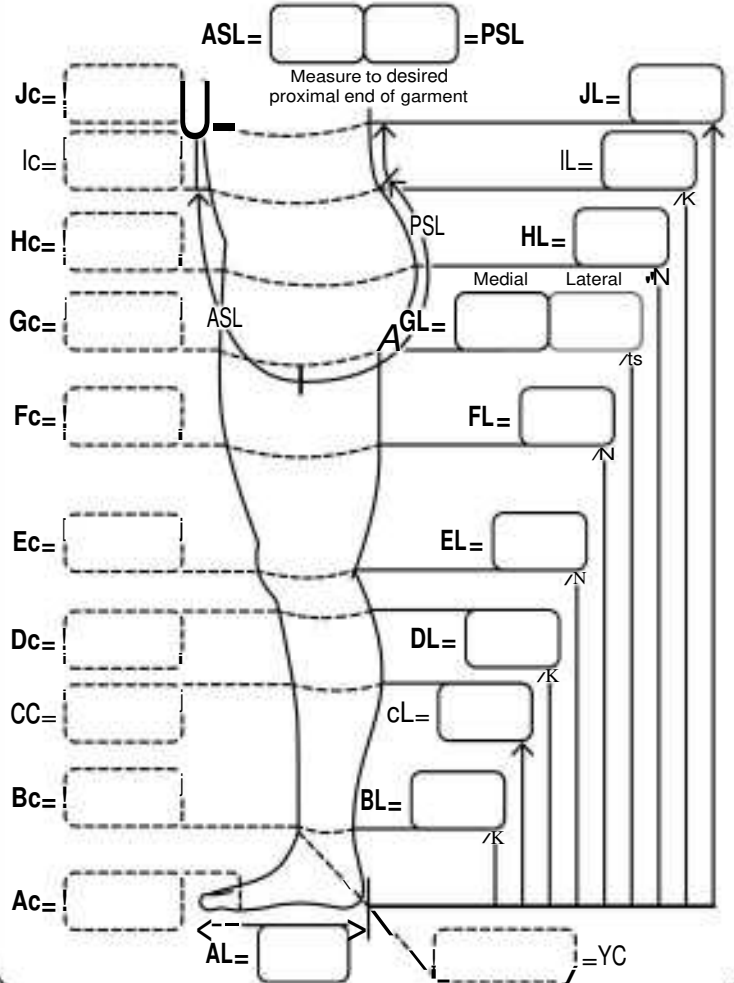
Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_ SID: \_\_\_\_\_

## Q Measurements

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

(All measurements in centimeters)



## Q Shipping Information

Shipping:  Standard  Priority Requested Delivery Date: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Province Postal Code

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

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