



TributeNight™ Hand Order Form **R**

Please fully complete the form with legible data. Missing or illegible data will delay the processing of your order. Please contact us with any questions or assistance in completing the form.



1 Patient Information

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

2 Garment Design

Style UE - _____
Channeling Vertical (Chevron channeling not available.)
Profile Original Low
Color Black Blue Purple Raspberry Slate

Modifications

| QTY. | Notes/Placement Instruction |
|---|-----------------------------|
| <input type="checkbox"/> Zippers | _____ |
| <input type="checkbox"/> Adjustable panels (VELCRO® brand) | _____ |
| <input type="checkbox"/> Adjustable straps w/Finger grip | _____ |
| <input type="checkbox"/> Narrow <input type="checkbox"/> Wide | _____ |
| <input type="checkbox"/> Closure (VELCRO® brand) | _____ |

Accessories

Outer Jacket (OJ)
 Color: Black Blue Purple Raspberry Slate
 Fastener type: VELCRO® brand fastener Snap

Special Instructions: _____

Exact Reorder of Order #: _____

5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

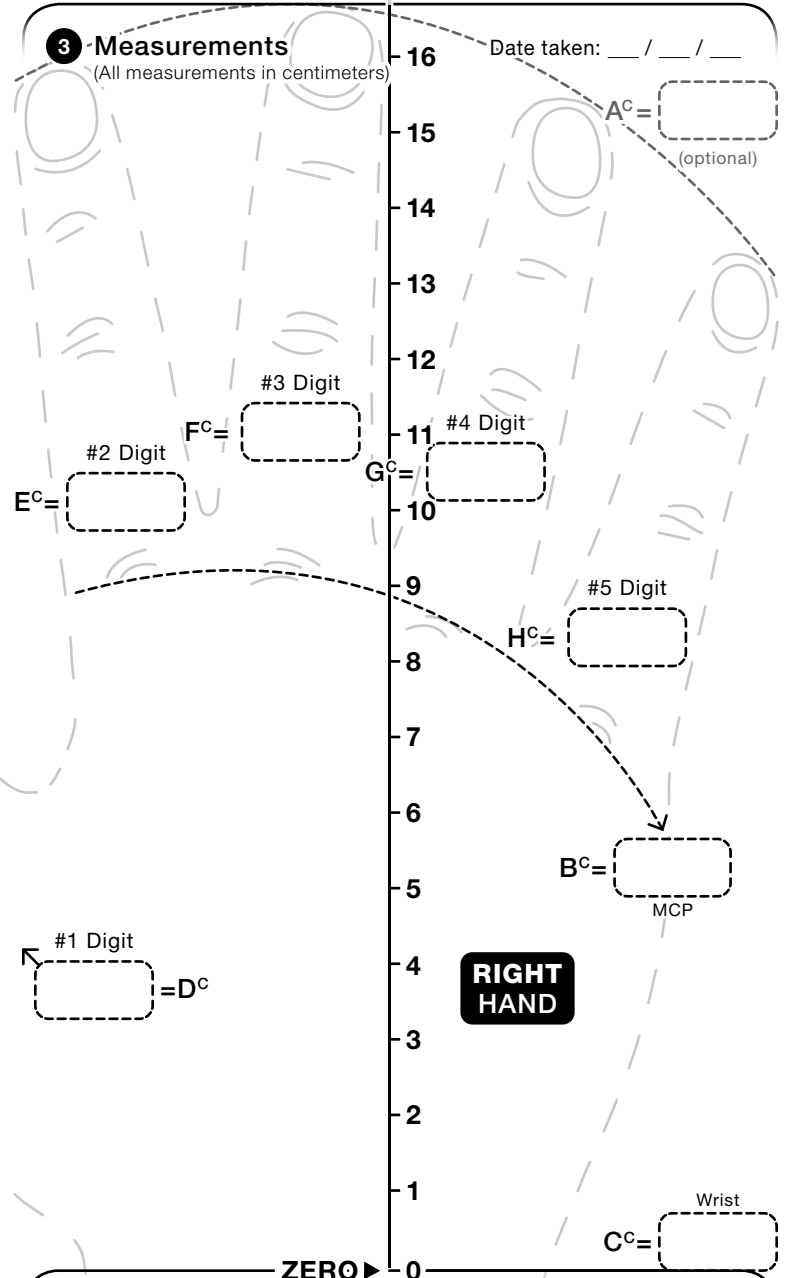
Province Postal Code

Phone: _____

Email (for shipping notification): _____

3 Measurements

(All measurements in centimeters)



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: _____

Fax completed order to 305-592-0061 or email to info@bandagesplus.com