



TributeNight™ Arm Order Form

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style Right Arm Left Arm UE - _____

Channeling Chevron Vertical (Design consult needed)

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
1 Zippers	_____
___ Closure (VELCRO® brand)	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Pull-up loops	_____
___ Digit spacers	_____
___ Snap tape	_____

Accessories

- ___ Variable Compression Jacket (VCJ)
- ___ Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
- ___ Easy Slide Donning Aid

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)

Card #: _____ Exp: ___ / ___ CVC: _____

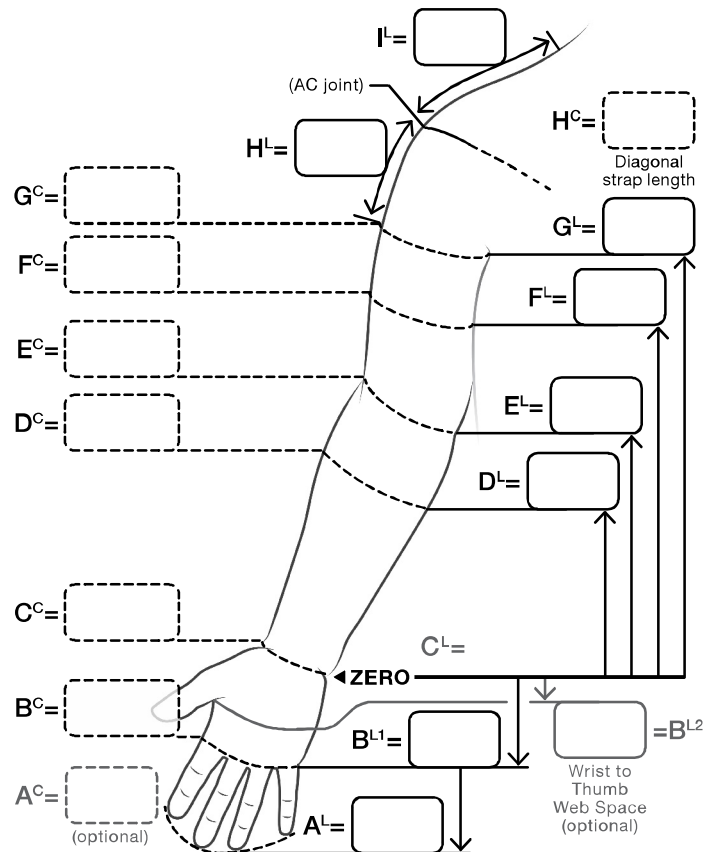
3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

C = Circumference

L = Length



5 Shipping Information

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ P/C: _____

Phone: _____

Email (for shipping notification): _____

HOW TO MEASURE FOR

TributeNight™ Leg & Lower Torso Garments

①

Mark the length reference points from where you would like the garment to start and end at the determined positions directly on your patient's skin using a water-based marker.

②

Measure the circumferences in centimeters at those same marked reference points and record the measurements on the left side of the diagram on your Order Form. *(See details below.)*

③

Measure the length at each marked reference point, and record the measurements on the right side of the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Answers to Frequently Asked Questions

- In extreme presentations, measure the lobules, breast and/or pannus in a supported position.
- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

Circumferences

Left side of diagram

- A^c** Measure foot circumference at determined **A** position (distal end of garment on foot).
- B^c** Measure circumference at determined **B** position (largest ankle circumference).
- Y^c** Measure circumference at determined **Y** position (heel/zero position) by taking a diagonal measurement over anterior foot back to posterior heel.
- C^c** Measure circumference of calf at determined **C** position (largest calf circumference).
- D^c** Measure circumference just below patella at determined **D** position (below patella).
- E^c** Measure circumference at determined **E** position (mid-patella).
- F^c** Measure circumference of upper leg at determined **F** position (largest thigh circumference).
- G^c** Measure circumference straight across at determined **G** position (groin).
- H^c** Measure circumference across hips at determined **H** position (Iliac Crest).
- I^c** Measure circumference at determined **I** position (natural waistline).
- J^c** Measure circumference at determined **J** position (under breast).

Questions?

Please contact Cosmac Healthcare
Phone: 1300 723 092
Email: info@cosmac.com.au

Lengths

Right side of diagram

- A^L** Measure foot length from **Y** (heel/zero position) to **A** (distal end of garment on foot).
- B^L** Measure lateral leg length from **Y** (heel/zero position) to **B** (largest ankle circumference).
- C^L** Measure lateral leg length from **Y** (heel/zero position) to **C** (largest calf circumference).
- D^L** Measure lateral leg length from **Y** (heel/zero position) to **D** (below patella).
- E^L** Measure lateral leg length from **Y** (heel/zero position) to **E** (mid-patella).
- F^L** Measure lateral leg length from **Y** (heel/zero position) to **F** (largest thigh circumference).
- LG^L** Optional: Measure lateral leg length from **Y** (heel/zero position) to **G** (groin). *A pencil can be placed in groin as a visual guide.*
- MG^L** Measure medial leg length from medial **Y** (zero position) to medial **G** length (groin).
- H^L** Measure lateral leg length from **Y** (heel/zero position) to **H** (Iliac Crest).
- I^L** Measure lateral leg length from **Y** (heel/zero position) to **I** (natural waistline).
- J^L** Measure lateral leg length from **Y** (heel/zero position) to **J** (under chest).
- AS^L** Measure **AS** (anterior straddle length) from mid-crotch to desired anterior proximal end of garment.
- PS^L** Measure **PS** (posterior straddle length) from mid-crotch to desired posterior proximal end of garment.



TributeNight™ Leg & Lower Torso Order Form

1 Patient Information

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

2 Garment Design

Style Right Leg Left Leg LE - _____

Channeling Chevron Vertical

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> Closure (VELCRO® brand)	_____
<input type="checkbox"/> Adjustable panels (VELCRO® brand)	_____
<input type="checkbox"/> Non-skid pads	_____
<input type="checkbox"/> Pull-up loops	_____
<input type="checkbox"/> Snap tape	_____

Accessories

Variable Compression Jacket (VCJ)
 Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
 - Modifications: Non-skid pads
 Easy Slide Donning Aid

Special Instructions: _____

Exact Reorder of Order #: _____

4 Billing Information

Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

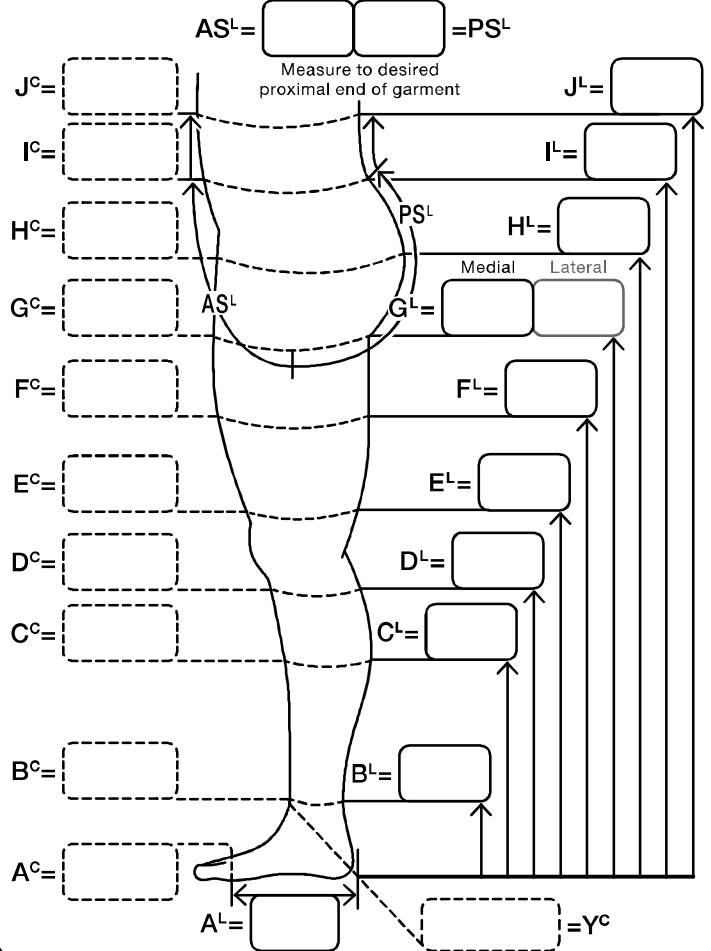
Payment: Credit card (provide number below)

Card #: _____ Exp: ____ / ____ CVC: _____

3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)



5 Shipping Information

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ P/C: _____

Phone: _____

Email (for shipping notification): _____

HOW TO MEASURE FOR

TributeNight™ Hand Garments

①

Trace the hand on the order form, or a separate piece of paper.

②

Measure the length at each marked reference point, and record the measurements on the diagram on your Order Form. *(See details below.)*

We recommend patients be in a relaxed, supine (laying down) position.

Answers to Frequently Asked Questions

- When skin folds are present, measure the smallest and largest circumferences.
- Contact our Custom Design Center to send photos or illustrations to further explain patient presentations.
- With patients who fluctuate frequently, please feel free to add a circumference range.

Circumferences

- A^c** Optional: In a relaxed position, measure the distal circumference at the determined **A** position (digits #2–5).
- B^c** Measure the circumference at the determined **B** position (MCP) on the palm of the hand.
- C^c** Measure the circumference at the determined **C** position (wrist over the styloid).
- D^c** Measure the proximal circumference at the determined **D** position (#1 digit/thumb).
- E^c** Measure the proximal circumference at the determined **E** position (#2 digit/index finger).
- F^c** Measure the proximal circumference at the determined **F** position (#3 digit/middle finger).
- G^c** Measure the proximal circumference at the determined **G** position (#4 digit/ring finger).
- H^c** Measure the proximal circumference at the determined **H** position (#5 digit/small finger).

Questions?

Please contact Cosmac Healthcare

Phone: 1300 723 092

Email: info@cosmac.com.au



TributeNight™ Hand Order Form **L**

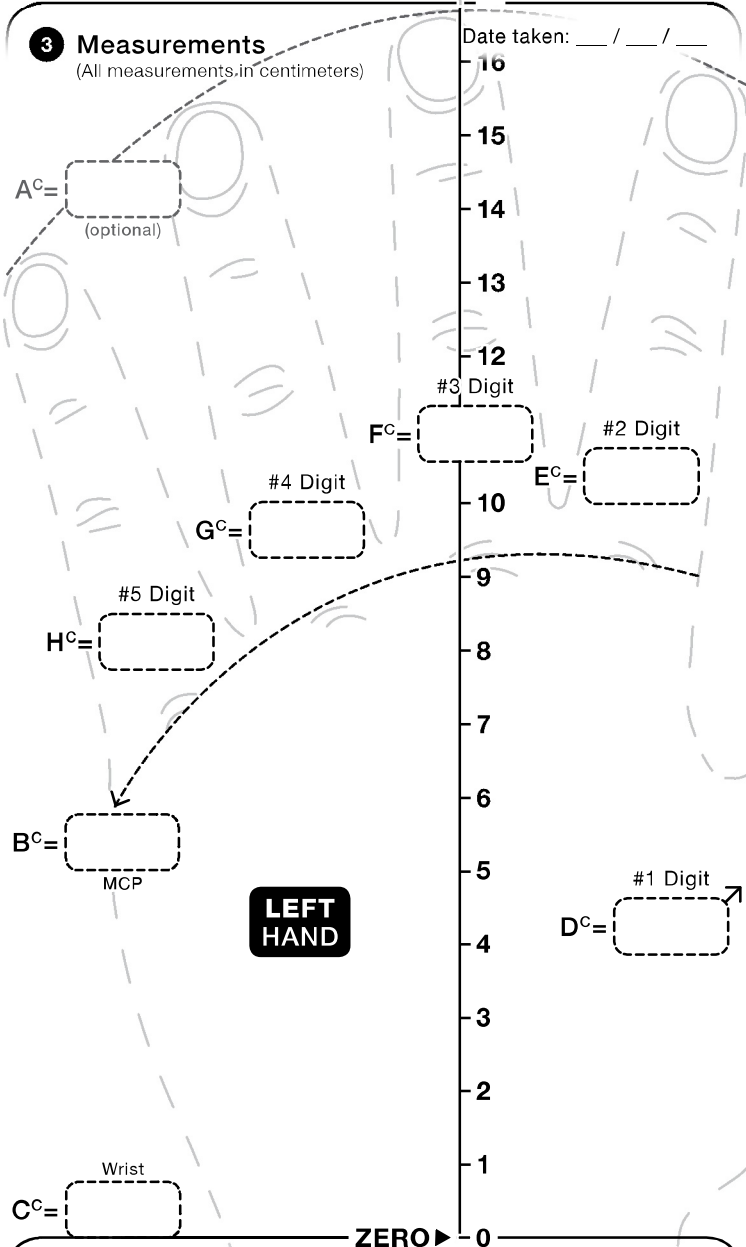


1 Patient Information

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

3 Measurements

(All measurements in centimeters)



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
___ Zippers
___ Closure (VELCRO® brand)
___ Adjustable panels (VELCRO® brand)

Accessories

- ___ Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
 - Modifications: Non-skid pads

Special Instructions:

Exact Reorder of Order #: _____

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5 Shipping Information

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ P/C: _____

Phone: _____

Email (for shipping notification): _____

Send completed order form to Cosmac Healthcare via fax on (02) 9033 7410 or email info@cosmac.com.au
 Cosmac Healthcare will reply with a quote confirming your order and cost. Questions? Call Cosmac Healthcare on 1300 723 092



TributeNight™ Hand Order Form **R**

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
___ Zippers
___ Closure (VELCRO® brand)
___ Adjustable panels (VELCRO® brand)

Accessories

- ___ Outer Jacket (OJ)
 - Color: Black Blue Purple Raspberry Slate
 - Fastener type: VELCRO® brand fastener Snap
 - Modifications: Non-skid pads

Special Instructions: _____

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Attn: _____

Street: _____

City: _____ State: _____ P/C: _____

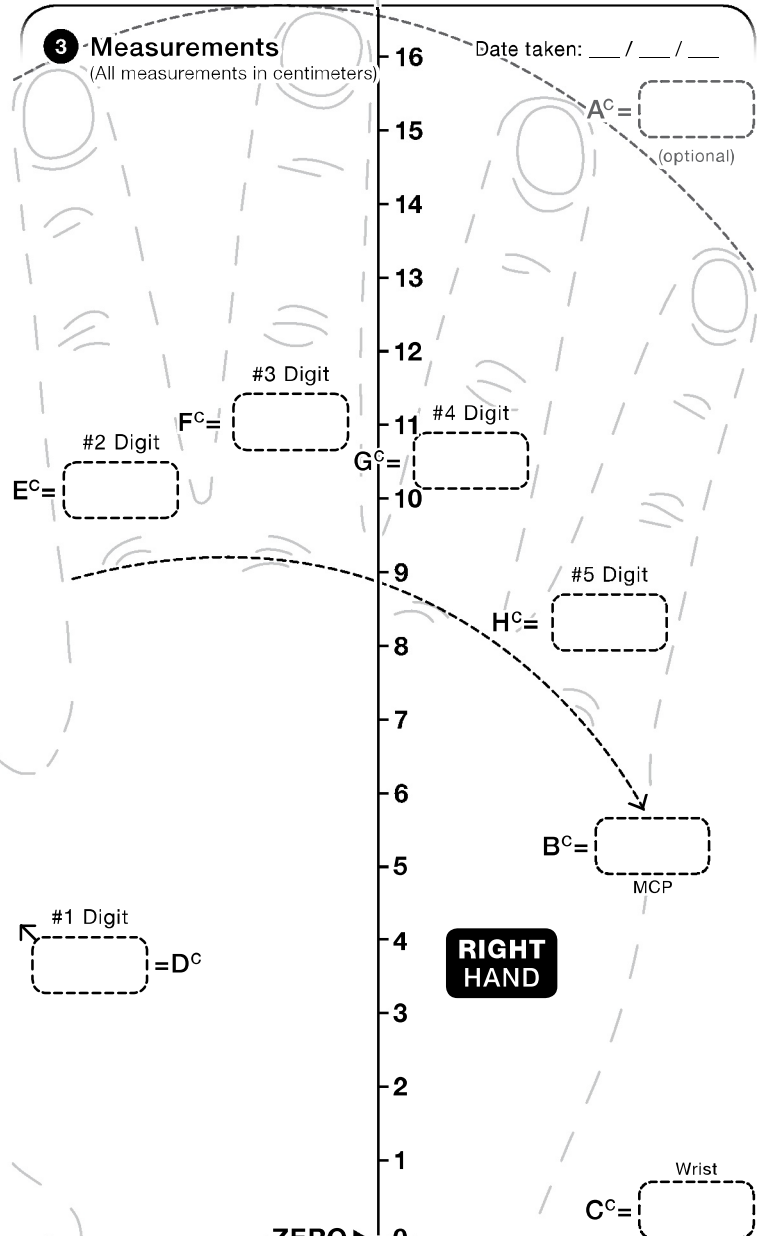
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3 Measurements

(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)

Card #: _____ Exp: ___ / ___ CVC: _____