



L&R INTERNAL USE ONLY

TributeNight™ Head & Neck Order Form

1 Patient Information

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

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

2 Garment Design

Style FN - _____

Channeling (Default channeling varies based on garment style.)

Profile Original Low

Color Black (Only available in black.)

Modifications

| QTY. | Notes/Placement Instruction |
|-------------------------------|-----------------------------|
| ___ Lip bridge | |
| ___ Tracheotomy accommodation | |

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

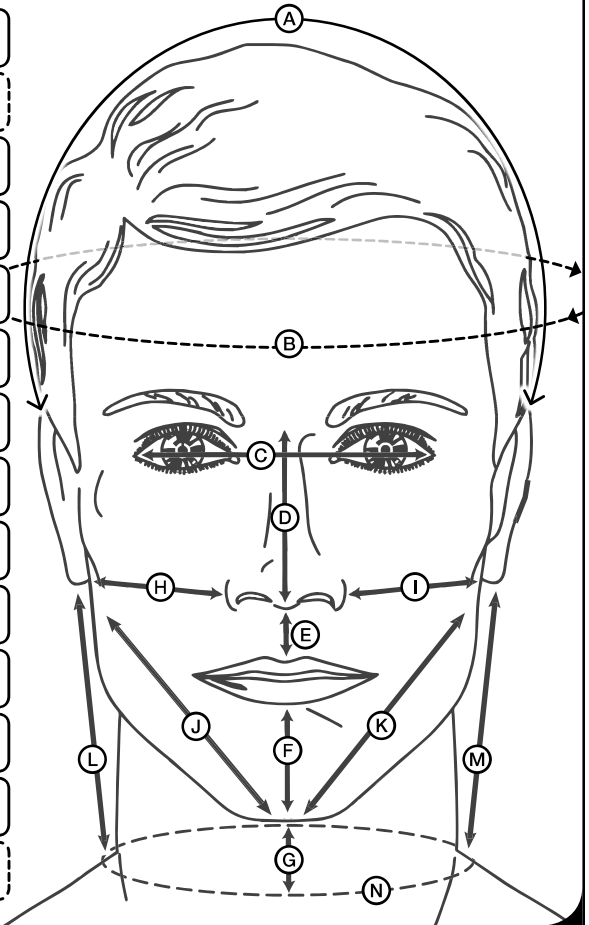
Card #: _____ Exp: ____ / ____ SID: _____

3 Measurements

Date taken: ____ / ____ / ____

(All measurements in centimeters)

- A^L =
- B^C =
- C^L =
- D^L =
- E^L =
- F^L =
- G^L =
- H^L =
- I^L =
- J^L =
- K^L =
- L^L =
- M^L =
- N^C =



Denote areas of scarring or fibrosis with hash marks (////).

5 Shipping Information

Shipping: Standard Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____
Province Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.