



L&R INTERNAL USE ONLY

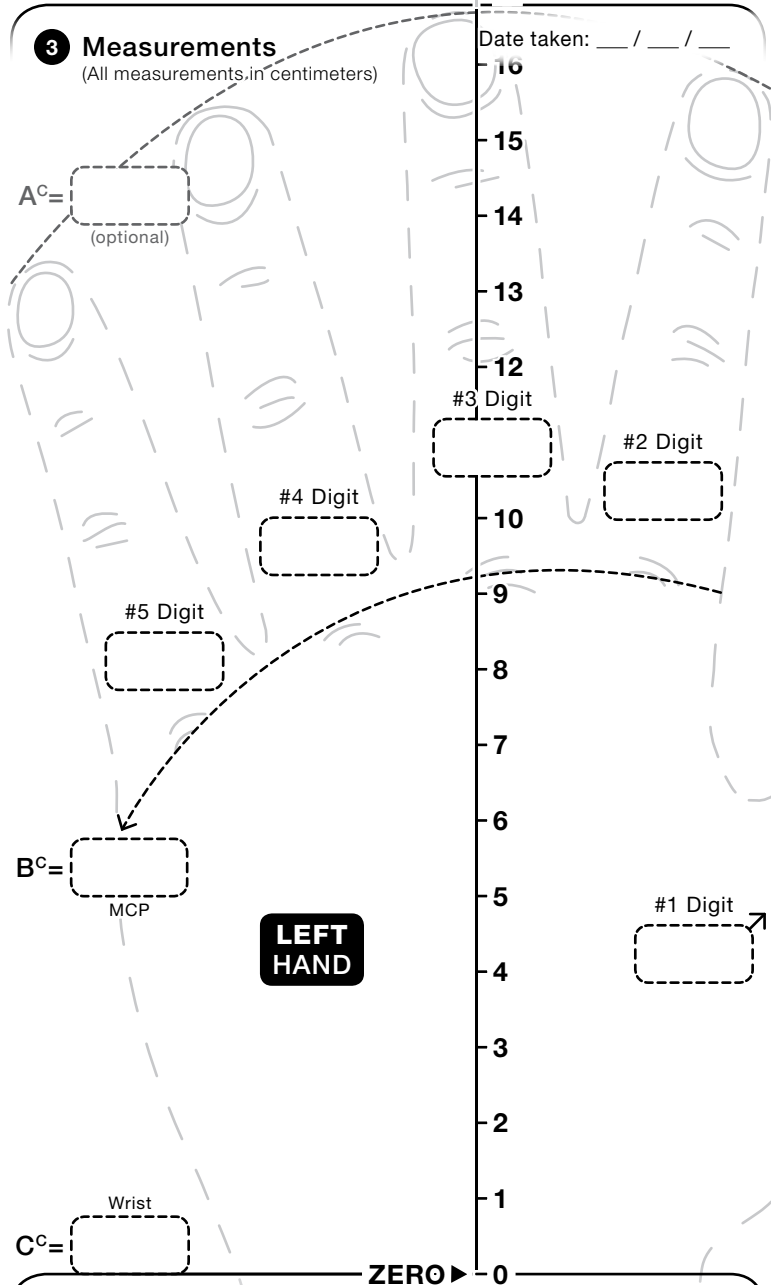
# TributeNight™ Hand Order Form **L**

## 1 Patient Information

Name: \_\_\_\_\_ 18 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 Slate Purple Raspberry

**Modifications**

QTY.	Notes/Placement Instruction
<input type="checkbox"/> Zippers	_____
<input type="checkbox"/> VELCRO® fastener	_____
Closure	_____
Adjustable panels	_____

**Accessories**

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

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: \_\_\_\_\_

## 5 Shipping Information

Shipping: Standard 4-Day Guarantee\*  
 Priority Requested Delivery Date: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

**Fax completed order to 772-589-0306 or email to sales@acols.com**  
 We will reply with an order confirmation and cost.  
 Questions? Call us at 800-863-5935.