



L&R INTERNAL USE ONLY

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 Slate Purple Raspberry

Modifications

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

5 Shipping Information

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

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____

Phone: _____ Zip: _____

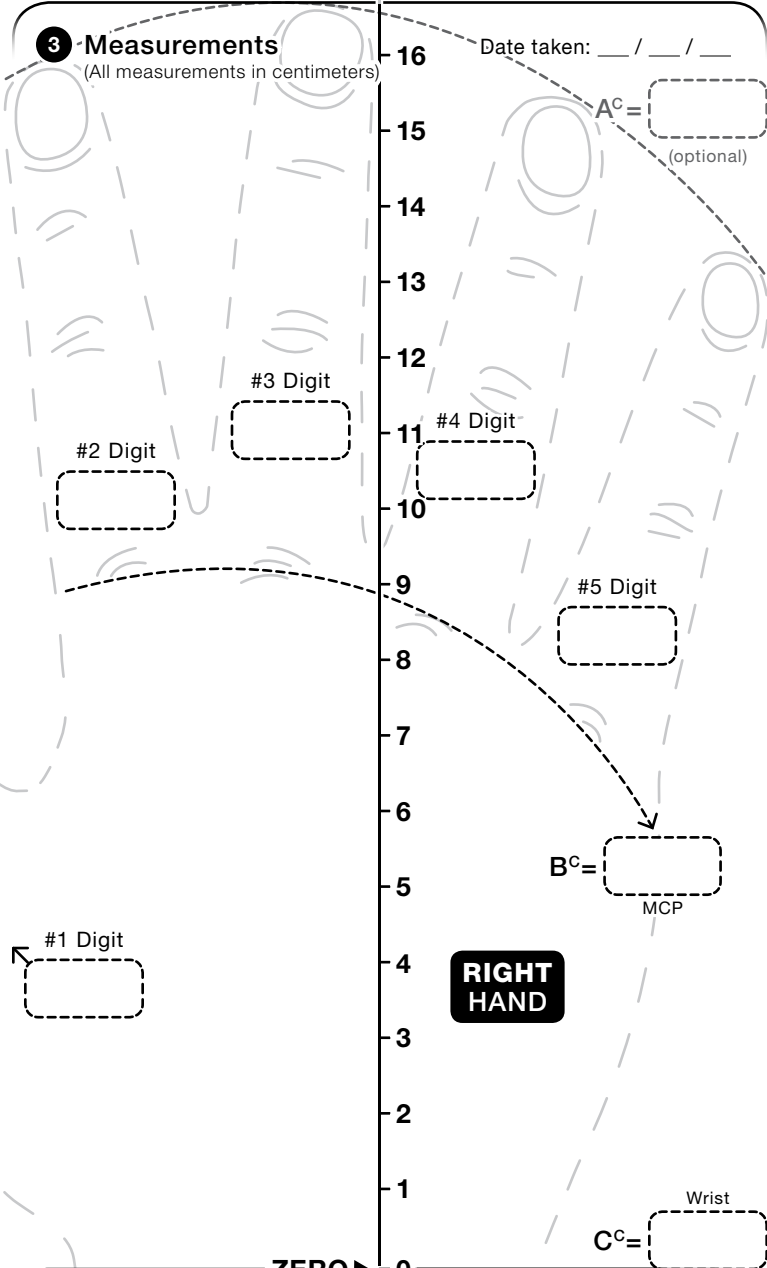
Email (for shipping notification): _____

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.

3 Measurements

(All measurements in centimeters)



RIGHT HAND

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: _____