



L&R INTERNAL USE ONLY

TributeNight™ Torso Order Form

1 Patient Information

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

2 Garment Design

TT - _____

Style Breast Tissue Turgor:
 Firm Moderate Drape Lax

Channeling Chevron (Design consult needed) Vertical

Profile Original Low

Color Black Slate Purple Raspberry

Modifications

| QTY. | Notes/Placement Instruction |
|------------------------------|-----------------------------|
| ___ Zippers | |
| ___ VELCRO® fastener Closure | |
| ___ Adjustable panels | |
| ___ Snap tape | |

Special Instructions:

Exact Reorder of Order #: _____

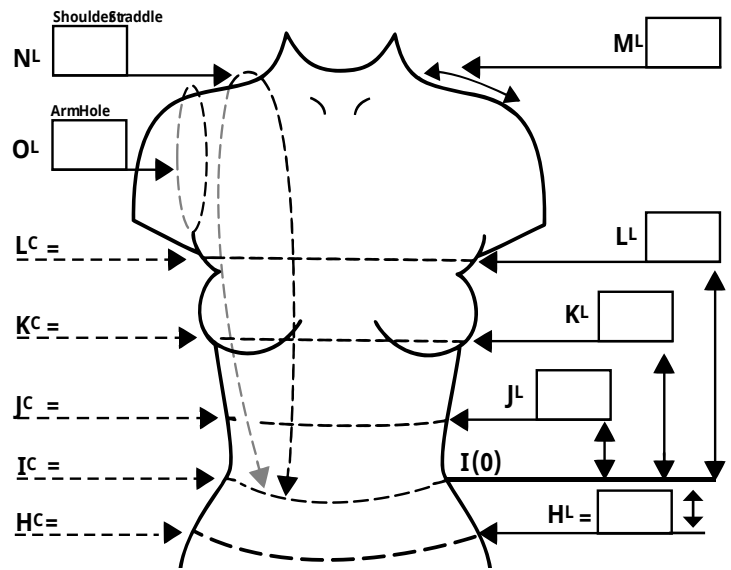
3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

C = Circumference

L = Length



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