

Patient: Last Name:	First N
. acionic East Hannel	

Fitter: _____ Clinic _

Fitter Title:______ (example: PT/OT/PTA)

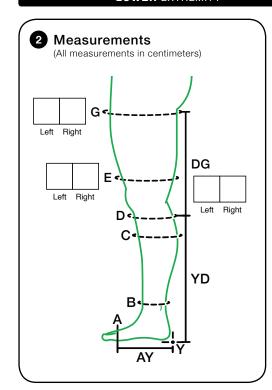
info@stillmeinc.com

Date:_____

TributeWrap™ Order Form

225-273-1900 · Fax: 225-273-5555

LOWER EXTREMITY



3 Product (All measure	s ements in centimete	ers)				
TributeWra	b Below Knee	(sold individually)				
0:	Circumference		Length		Qty.	
Size	Bc	Dc	AY ^L	YDι	Left	Right
Small	24-30	30-36				!
Medium	27–33	33-41.5	19–22	40-44		-
Largo	30–36	36_45				1

^{*} Y measurement is at the base of the heel.

All measurements in centimeters.

Tribute® Wrap Below Knee left or right orientation, sold individually, Black Sleep Sleeve included

Size	Circumference		Length	
	Bc	Cc	AY ^L	YDL
Regular				
Small	24-30	30-36		
Medium	27–33	33-41.5	19-22	40-44
Large	30-36	36-45		
Long NEW				
Small	24-30	30-36		
Medium	27–33	33-41.5	23-26	45-49
Large	30-36	36-45		

Tribute[®] Wrap Knee to Thigh NEW

left or right orientation, sold individually, Black Sleep Sleeve included

Size -	Circumference			Length
	Dc	Ec	Gc	DG ^L
Regular				
Small	31–36	42-48	53-60	
Medium	35-40	47–53	59-66	35–40
Large	39-44	52-58	65-72	
ong.				
Small	31–36	42-48	53-60	
Medium	35-40	47–53	59-66	40-45
Large	39-44	52-58	65-72	