

# TributeNight™ Alterations Instructions

## Completing the Alterations Form

1. An alteration form should be enclosed with the returning garment.
2. Call Lymphedema Depot, toll-free, at 1-855-857-8500 to obtain a Return Authorization. Print and enclose the RA or enclose paperwork with the RA Code written on it.
3. Product ID number is found on the TributeNight label in the seam of the garment.
4. Complete the requested information

## Marking the Garment (use a Non-Permanent Fabric Marking Pencil and/or Large Binder Clips):

- Have the client don their TributeNight garment, and then lie down in a supine position.
- To Shorten the Length:
  - With your fabric marking pencil, mark the desired length all the way around the garment where you would like the garment to be cut off.
- To Reduce the Girth:
  - Starting at the distal end of the garment, gently pinch along the lateral side seam of the garment, applying your binder clip(s) to the excess material.
  - Continue to work proximally until you have clipped the full length of the garment that needs reduction.
  - If you are unable to get a snug fit with the lateral clipping, then clip the medial side of the garment in the same manner. Ask the client to move in the clipped garment to ensure the fit is snug, but not too tight. We recommend that your client remain in the clipped garment for a minimum of 15 minutes to ensure that the new fit is not too tight.
  - Use your fabric marking pencil to mark along the straight edge of every clip on both sides of the garment. We recommend that you leave the binder clips in place, but if you do remove the clips before shipping, please ensure that your marks are clearly visible on both sides of the garment.



## Adding Modifications

If a TributeNight was originally ordered without an accessory, Outer Jacket or modification and you wish to add one or more of these, complete a new order form indicating the modification(s) requested and send the form back with the garment. You will be billed for the modification(s) and shipping. If your company uses purchase orders, you will need a new P.O. number for the modification(s).

## Alteration Requirements & Important Considerations:

1. Call Lymphedema Depot prior to shipping to obtain an RA# (Return Authorization Code)
2. Ensure that the garment has been freshly laundered. We will return garments for washing if they arrive soiled or contract a laundering service and assess a \$75 service fee to be paid prior to alterations.
3. Complete the alteration form, attach any photos or additional paperwork, and include with the garment. Alternatively, you can email your photos and instructions using the RA Code and client surname in the email subject line. Send to: [Warranty@LymphedemaDepot.com](mailto:Warranty@LymphedemaDepot.com)
4. Alterations are made on TributeNight garments only during the one-year Sure-Fit Guarantee period.
5. Self-alterations or modifications to a garment, or evidence that recommended laundering guidelines were not followed will void the warranty as stated in the User Guide enclosed with every new TributeNight.
6. Tears and holes due to improper garment care and handling are not covered by the Guarantee.
7. Always include a new measurement form.



Questions? Give us a call at: 1-855-857-8500  
Visit us online at: [www.LymphedemaDepot.com](http://www.LymphedemaDepot.com)  
Email us at: [Info@LymphedemaDepot.com](mailto:Info@LymphedemaDepot.com)



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## Checklist:

- Is the garment still within its 1-Year from original shipping date Sure-Fit Guarantee period?
- Have you / the client registered the warranty card?
- Do you have an RA# (Return Authorization Number)?
- Is the garment freshly laundered and free of odours?
- Have you included an order form with the new/current measurements?

## Important Considerations:

1. TributeNight garments are altered only during the one year Sure-Fit Guarantee period
2. Use of bleach or fabric softener will void the Guarantee as stated in the User Guide included with every new TributeNight garment for the consumer.
3. Tears or holes are not covered by the warranty.
4. PLEASE DO NOT SEND BACK THE MESH BAG AND/OR ENCLOSED LITERATURE

Return Authorization Number: \_\_\_\_\_

Product ID Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Fitter/Therapist Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Whom should we contact if we have questions?  
\_\_\_\_\_

Phone # of Contact: \_\_\_\_\_

First time alterations are returned to the therapist or fitter at no charge. Please provide shipping info:

Clinic Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

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

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Garment(s) Being Returned:

- TributeNight  Outer Jacket  Variable Compression Jacket  Other: \_\_\_\_\_

## Reason for the Return:

- Reduce Girth  Shorten  Garment Style  Modifications  Wear/Tear  Other

Please provide, in detail, the problem(s) you have with the garment(s) and the changes you would like Solaris to make (please do not use short-hand or medical symbols):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR LYMPHEDEMA DEPOT / L&R USA CUSTOM DESIGN TEAM INTERNAL USE ONLY

RECEIVED :  Tribute  Outer Jacket  Variable Compression Jacket  Other: \_\_\_\_\_

Date Rec'd \_\_\_\_\_ By: \_\_\_\_\_ Date Repaired: \_\_\_\_\_ By: \_\_\_\_\_

Date Inspected \_\_\_\_\_ By: \_\_\_\_\_ Date Shipped: \_\_\_\_\_ By: \_\_\_\_\_



Questions? Give us a call at: 1-855-687-8500  
Visit us online at: [www.LymphedemaDepot.com](http://www.LymphedemaDepot.com)  
Email us at: [Info@LymphedemaDepot.com](mailto:Info@LymphedemaDepot.com)



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