



L&R INTERNAL USE ONLY

# TributeNight™ Facial Order Form

## 1 Client and Fitter Information

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Fitter Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

**Style** FN - \_\_\_\_\_

**Channeling** (Custom channeling not available.)

**Profile** Original Low

**Colour** Black (Custom fabric colour not available.)

### Modifications

QTY.	Notes/Placement Instruction
___ Lip bridge	.....
___ Tracheotomy accommodation	.....

Special Instructions:

Exact Reorder of Order #: \_\_\_\_\_

## 4 Billing Information

Quote Only

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Acct# \_\_\_\_\_

Contact Name: \_\_\_\_\_

PO# \_\_\_\_\_

## 3 Measurements

Date taken: \_\_\_ / \_\_\_ / \_\_\_

(All measurements in centimetres)

A=

B=

C=

D=

E=

F=

G=

H=

I=

J=

K=

L=

M=

N=

Indicate areas of scarring or fibrosis with hash marks (////).

## 5 Shipping Information

Shipping:  Standard (7-10 Business Days)  
 **RUSH** Requested Deliver by Date: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

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

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