



TributeNight™ Leg Order Form

1 Client and Fitter Information

Client Name: _____ Phone #: _____ Age: _____ Height: _____ Weight: _____
 Fitter Name: _____ Phone #: _____ Email: _____

2 Garment Design

Style Right Leg Left Leg LE - _____

Channeling Chevron Vertical

Profile Original Low

Color Black Slate Purple Raspberry

Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ VELCRO® fastener Closure	_____
___ Adjustable panels	_____
___ Non-skid pads	_____
___ Pull-up loops	_____
___ Snap tape	_____

+ Accessories

___ Variable Compression Jacket (VCJ)
 ___ Outer Jacket (OJ)
 Color: Black Slate Purple Raspberry
 Fastener type: VELCRO® Snap
 Modifications: Non-skid pads
 ___ Easy Slide Donning Aid

Special Instructions: _____

Exact Reorder of Order #:

4 Billing Information

Quote Only

Business Name: _____
 Phone: _____ Acct# _____
 Contact Name: _____
 PO# _____

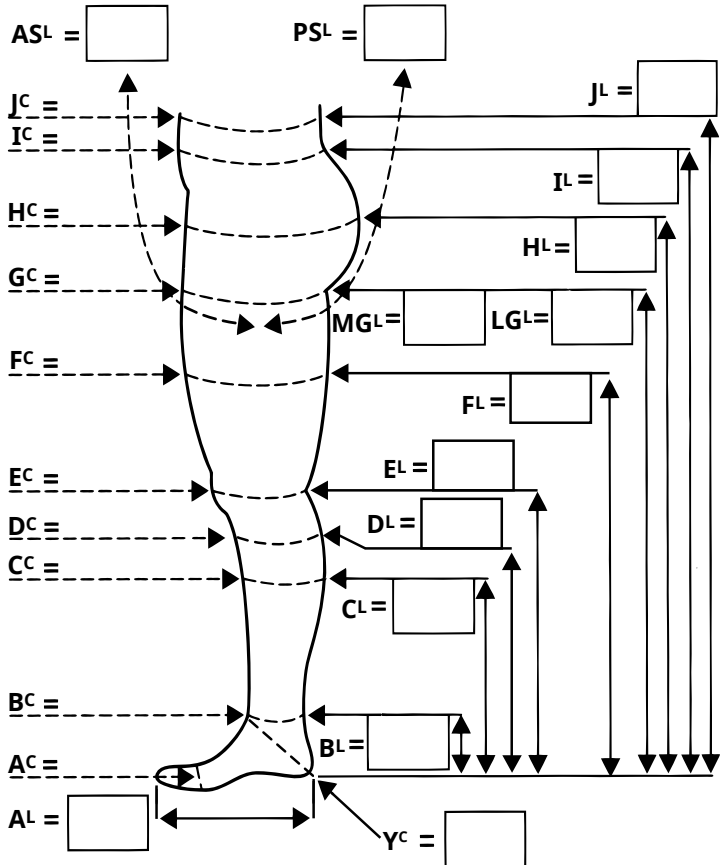
3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)

C = Circumference

L = Length



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): _____