TributeNight™ Arm Order Form

Please fully complete the form with legible data. Missing or illegible data will delay the processing of your order. Please contact us with any questions or assistance in completing the form.

Bandages Plus

1 Patient Information

Name: _____ Phone Number: _____ Age: ____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Style ○Right Arm ○Left Arm UE - _____

Channeling ○Chevron ○Vertical (Design consult needed)

Profile ○Original ○Low

Color ○Black ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Adjustable panels (VELCRO® brand)	
___	Adjustable straps w/Finger grip	
	└○Narrow ○Wide	
___	Pull-up loops	
___	Digit spacers	
___	Snap tape	
___	Closure (VELCRO® brand)	

Accessories

___ Variable Compression Jacket (VCJ)

___ Outer Jacket (OJ)

- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap

___ Easy Slide Donning Aid

Special Instructions:

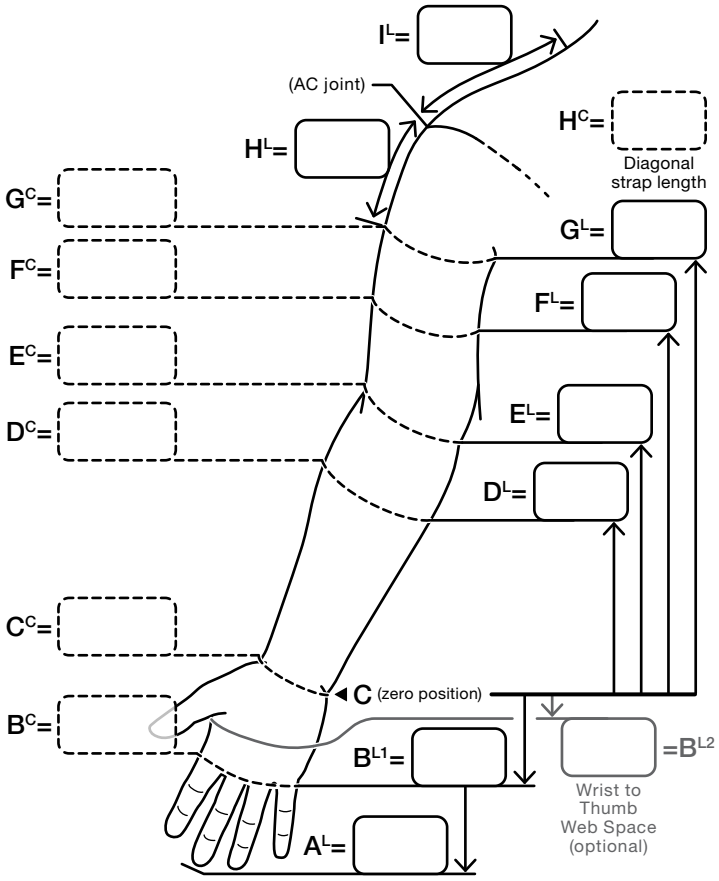
☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

^{C} = Circumference ^{L} = Length



4 Billing Information

☐Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: ○Credit card (provide number below) ○Net 30

Card #: _____ Exp: ___ /___ SID: ____

5 Shipping Information

Shipping: ○Standard ○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ (Province) Zip: _____ (Postal Code)

Phone: _____

Email (for shipping notification): _____

Fax completed order to 305-592-0062 **or email to info@bandagesplus.com**

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