Body Works Fax 703-852-4371

L&R INTERNAL USE ONLY

TributeNight™ Hand Order Form L

1 Patient Information

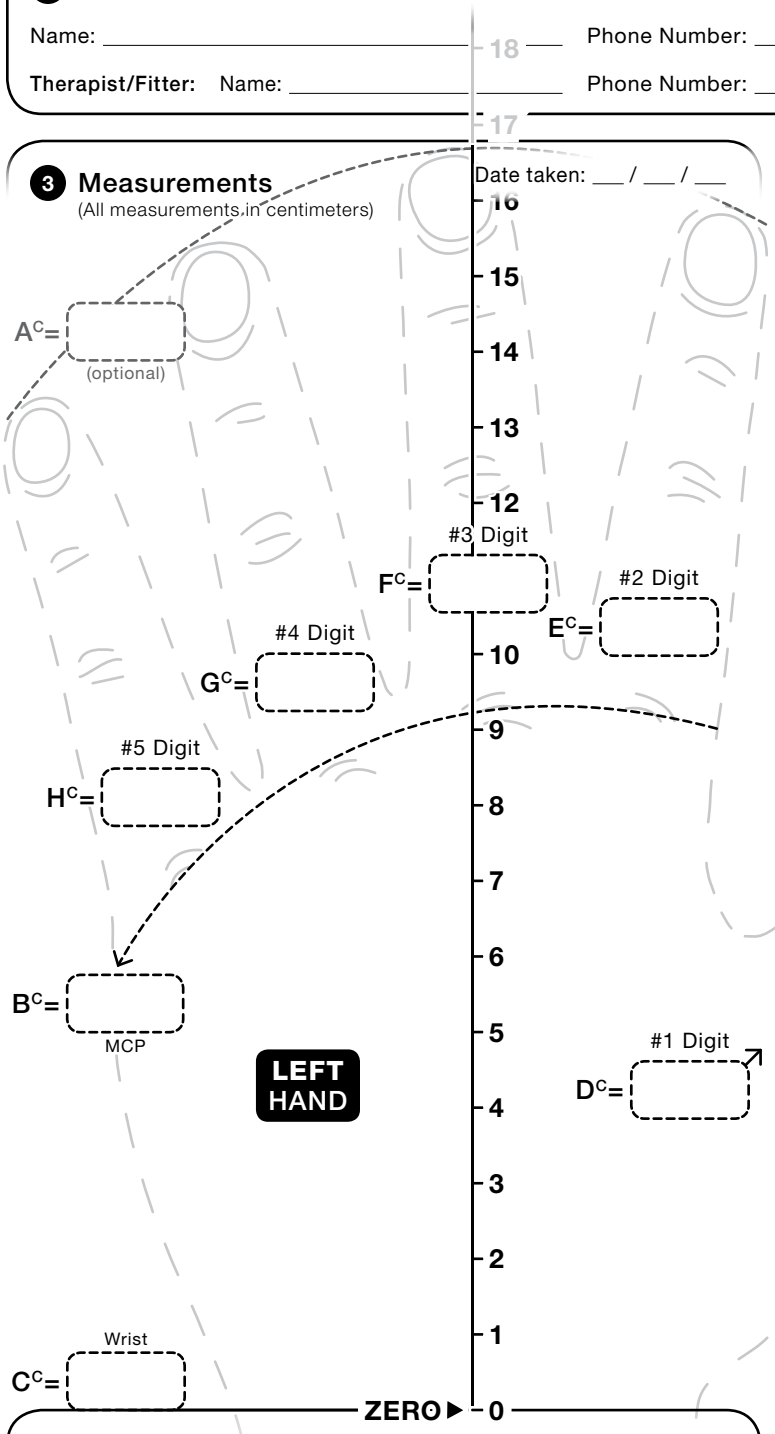
Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

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

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___



2 Garment Design

Style UE - _____

Channeling ☐Vertical (Chevron channeling not available.)

Profile ○Original ○Low

Color ○Black ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	

Accessories

___ Outer Jacket (OJ)
- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap
- Modifications: ☐Non-skid pads

Special Instructions:

☐Exact Reorder of Order #: _____

4 Billing Information

☐Quote Only

Business Name: Body Works Custom Compression

Phone: 571-232-3179 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 703-852-4371
or email to nancy@bodyworks-compression.com

L&R USA INC. will reply with an order confirmation and cost.
Questions? Call Custom Design Center at 1-414-892-5158.

1251HL.4 18/10

Body Works Fax 703-852-4371

L&R INTERNAL USE ONLY

TributeNight™ Hand Order Form R

1 Patient Information

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

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

2 Garment Design

Style UE - _____

Channeling ☐Vertical (Chevron channeling not available.)

Profile ○Original ○Low

Color ○Black ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	

Accessories

___ Outer Jacket (OJ)
- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap
- Modifications: ☐Non-skid pads

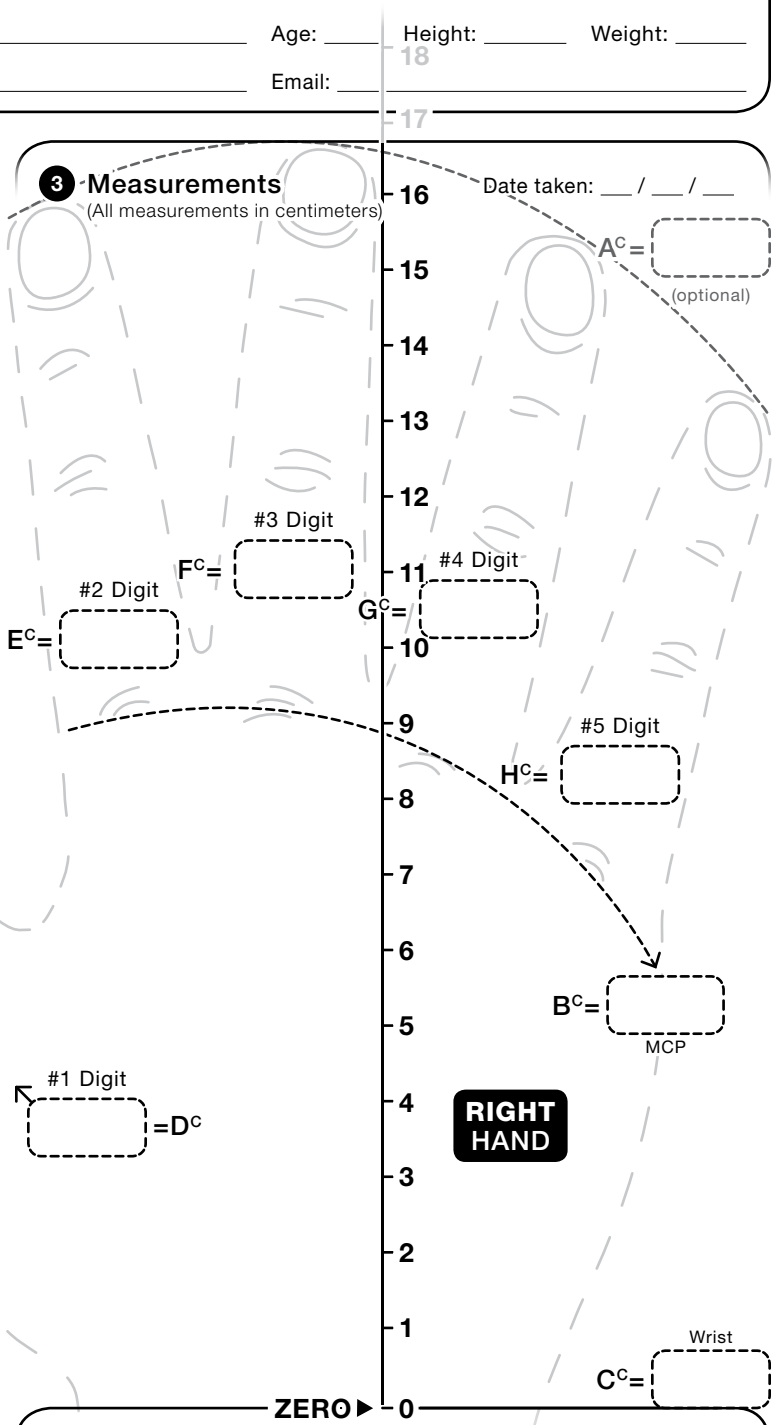
Special Instructions:

☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___



4 Billing Information

☐Quote Only

Business Name: Body Works Custom Compression

Phone: 571-232-3179 Fax: 703-852-4371

Contact Name & Phone: Nancy 571-232-3179

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 703-852-4371
or email to Nancy@bodyworks-compression.com

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