Body Works Fax 703-852-4371

L&R INTERNAL USE ONLY

TributeNight™ Leg & Lower Torso Order Form

1 Patient Information

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

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

2 Garment Design

Style ○Right Leg ○Left Leg LE - _____

Channeling ○Chevron ○Vertical

Profile ○Original ○Low

Color ○Black ○Blue ○Purple ○Raspberry ○Slate

Modifications

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

Accessories

___ Variable Compression Jacket (VCJ)

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

___ Easy Slide Donning Aid

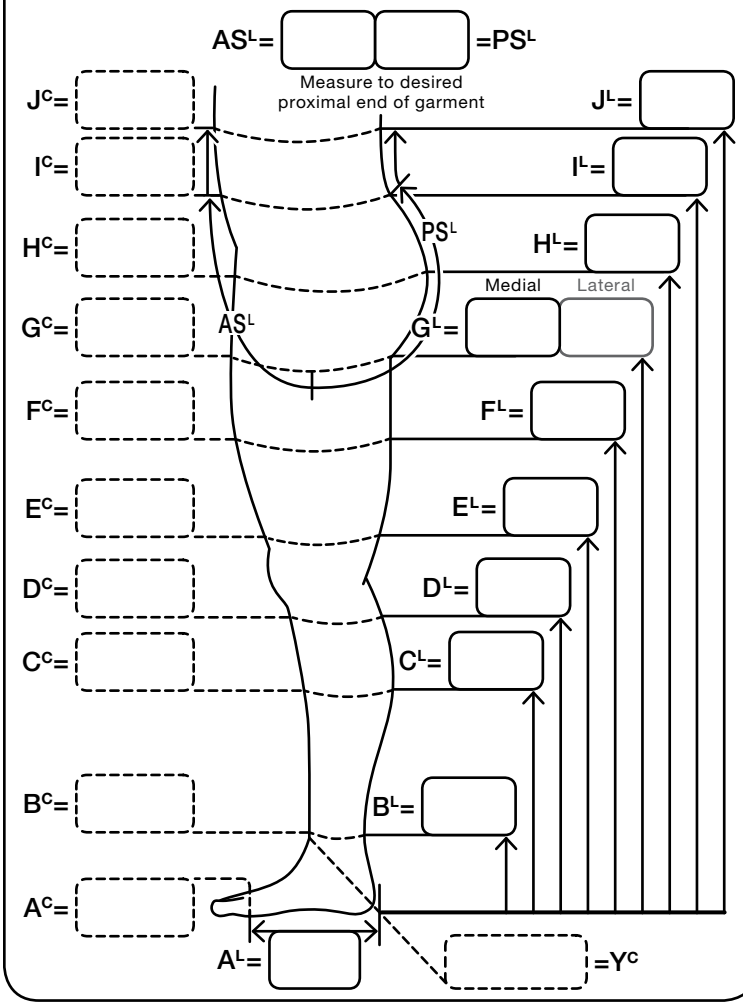
Special Instructions:

☐Exact Reorder of Order #: _____

3 Measurements

Date taken: ___ / ___ / ___

(All measurements in centimeters)



4 Billing Information

☐Quote Only

Business Name: **Body Works**

Phone: **800-331-2710 ext. 1** 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 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.

1251L.4 18/10