Body Works Fax 703-852-4371

L&R INTERNAL USE ONLY

TributeNight™ Torso Order Form

1 Patient Information

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

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

2 Garment Design

Style TT - _____

Breast Tissue Turgor:
O Firm O Moderate Drape O Lax

Channeling O Chevron (Design consult needed) O Vertical

Profile O Original O Low

Color O Black O Blue O Purple O Raspberry O Slate

Modifications

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

Special Instructions:

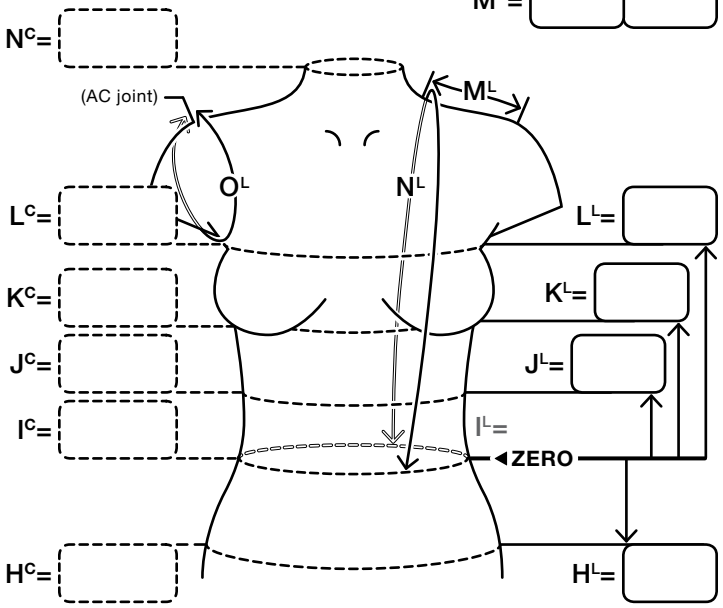
☐ Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

	Patient Left	Patient Right
O^L=		
N^L=		
M^L=		



4 Billing Information

☐ Quote Only

Business Name: **Body Works Custom Compression**

Phone: **800-331-2710 ext. 1** Fax: **703-852-4371**

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

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

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

5 Shipping Information

Shipping: O Standard
O Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____

Fax completed order to **703-852-437** 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.

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