



# TributeNight™ Leg & Lower Torso Order Form

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

Right Leg LE - \_\_\_\_\_  
 Left Leg

Chevron  Vertical

Original  Low

Black  Blue  Purple  Raspberry  Slate

### Modifications

QTY.	Notes/Placement Instruction
___ Zippers	_____
___ Adjustable panels (VELCRO® brand)	_____
___ Adjustable straps w/Finger grip	_____
└ <input type="checkbox"/> Narrow <input type="checkbox"/> Wide	_____
___ Non-skid pads	_____
___ Pull-up loops	_____
___ 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
  - └ Modifications:  Non-skid pads
- \_\_\_ Easy Slide Donning Aid

Special Instructions:

Exact Reorder of Order #: \_\_\_\_\_

## 4 Billing Information

Quote Only

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

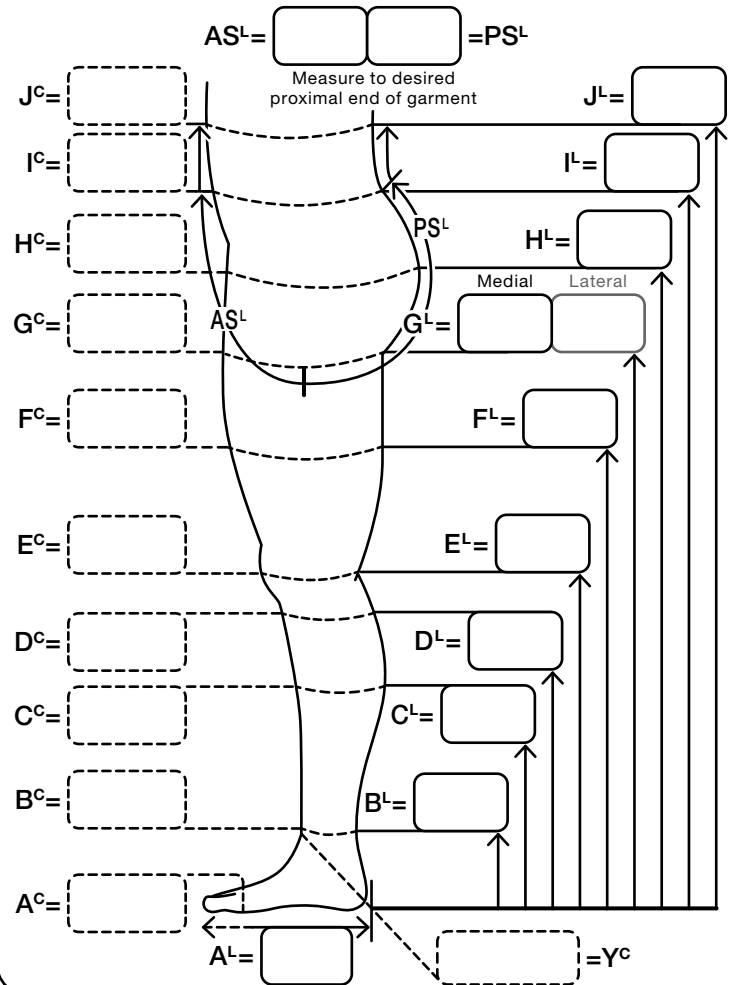
Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ SID: \_\_\_\_\_

## 3 Measurements

Date taken: \_\_\_ / \_\_\_ / \_\_\_

(All measurements in centimeters)



## 5 Shipping Information

Shipping:  Standard  Priority Requested Delivery Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Province Postal Code

Phone: \_\_\_\_\_

Email (for shipping notification): \_\_\_\_\_



Fax: (772) 589-0306  
Email: Sales@acols.com  
Questions Call (772) 589-3355 Ext #1

# ExoCustom™ Order Information Form

**Include this Order Information form with all ExoCustom orders**

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
<b>Measured By (for order questions)</b>	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

## Comments

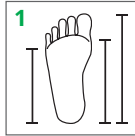

3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Phone:	
Email:	
<b>Credit Card Information (if applicable)</b>	
#:	
Exp Date:   /   /	SID:

4. Shipping Information	
<input type="checkbox"/> Same as billing address	
Ship to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Email (for notifications):	
<b>Shipping Method</b>	
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

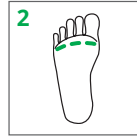
**Include this Order Information form with all ExoCustom orders**

**Measuring Instructions**

- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



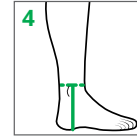
**Foot Lengths**



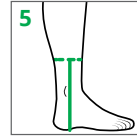
**A<sub>c</sub>**  
Circumference at MTP



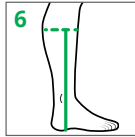
**Y<sub>c</sub>**  
Circumference at Instep / Heel



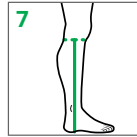
**B**  
Floor to Narrowest Point of Ankle



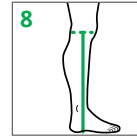
**B<sup>1</sup>**  
Floor to Narrowest Point of Calf  
*Calf transition*



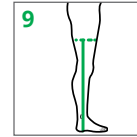
**C**  
Floor to Widest Point of Calf



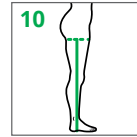
**D**  
Floor to Base of Patella



**E**  
Floor to Mid-Patella



**F**  
Floor to Mid-Thigh



**G**  
Floor to Gluteal Fold

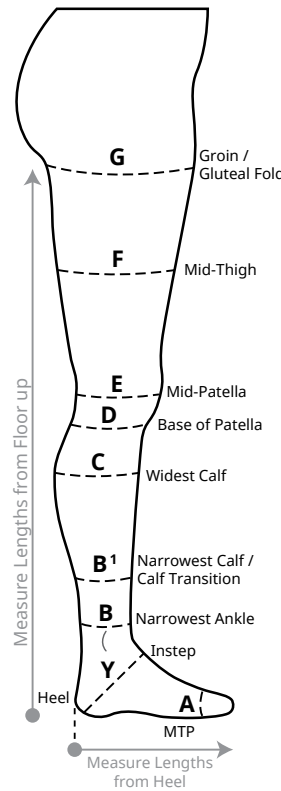
**Ordering Information**

Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Quantity &amp; Item Code</b>	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
<b>Compression</b>	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
<b>Distal Foot Options</b>	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
<b>Modifications</b>	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
<b>Label Placement on Garment</b>	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
<b>Priority Production</b>	
Priority Production (additional fee)	
<b>Comments</b>	

**LEFT LEG MEASUREMENTS**

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G <sub>c</sub> <input type="text"/>	G <sub>ℓ</sub> <input type="text"/>
F <sub>c</sub> <input type="text"/>	F <sub>ℓ</sub> <input type="text"/>
E <sub>c</sub> <input type="text"/>	E <sub>ℓ</sub> <input type="text"/>
D <sub>c</sub> <input type="text"/>	D <sub>ℓ</sub> <input type="text"/>
C <sub>c</sub> <input type="text"/>	C <sub>ℓ</sub> <input type="text"/>
B <sup>1</sup> <sub>c</sub> <input type="text"/>	B <sup>1</sup> <sub>ℓ</sub> <input type="text"/>
B <sub>c</sub> <input type="text"/>	B <sub>ℓ</sub> <input type="text"/>
Y <sub>c</sub> <input type="text"/>	Y <sub>ℓ</sub> <input type="text"/>
A <sub>c</sub> <input type="text"/>	A <sub>ℓ</sub> <input type="text"/>

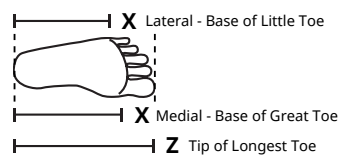
Please measure in centimeters



**RIGHT LEG MEASUREMENTS**

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G <sub>c</sub> <input type="text"/>	G <sub>ℓ</sub> <input type="text"/>
F <sub>c</sub> <input type="text"/>	F <sub>ℓ</sub> <input type="text"/>
E <sub>c</sub> <input type="text"/>	E <sub>ℓ</sub> <input type="text"/>
D <sub>c</sub> <input type="text"/>	D <sub>ℓ</sub> <input type="text"/>
C <sub>c</sub> <input type="text"/>	C <sub>ℓ</sub> <input type="text"/>
B <sup>1</sup> <sub>c</sub> <input type="text"/>	B <sup>1</sup> <sub>ℓ</sub> <input type="text"/>
B <sub>c</sub> <input type="text"/>	B <sub>ℓ</sub> <input type="text"/>
Y <sub>c</sub> <input type="text"/>	Y <sub>ℓ</sub> <input type="text"/>
A <sub>c</sub> <input type="text"/>	A <sub>ℓ</sub> <input type="text"/>

**FOOT LENGTH MEASUREMENTS**



LEFT	
Lateral X <sub>ℓ</sub> <input type="text"/>	Base of Little Toe
Medial Y <sub>ℓ</sub> <input type="text"/>	Base of Great Toe
Closed Toe Z <sub>ℓ</sub> <input type="text"/>	Tip of Longest Toe

RIGHT	
Lateral X <sub>ℓ</sub> <input type="text"/>	Base of Little Toe
Medial Y <sub>ℓ</sub> <input type="text"/>	Base of Great Toe
Closed Toe Z <sub>ℓ</sub> <input type="text"/>	Tip of Longest Toe

Foot tracings are always appreciated



# ReadyWrap™ Custom Order Form

**LOWER EXTREMITY**

Fax: (772) 589-0306  
Email: Sales@acols.com  
Questions Call (772) 589-3355 Ext #1

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

Right  
 Left

### Style

Qty.

Beige Black

	Beige	Black
Custom Thigh		
Custom Knee		
Custom Calf		
Custom Foot		
Custom Toe (Custom Toe Measurements form must accompany this form.)		

For each ordered, a single appropriately-sized liner will be provided.  
(Toe garments excluded.) Pairs are available for purchase separately.

Additional Liners (Sold in pairs. Black only.)

QTY.

\_\_\_ Below Knee (A-D) for garments knee and below

\_\_\_ Thigh High (A-G) for garments thigh and below

Liner size will correspond to garments ordered.  
To specify size, contact the Custom Design Center.

Special Instructions:

Exact Reorder of Order #: \_\_\_\_\_

## 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: \_\_\_\_\_

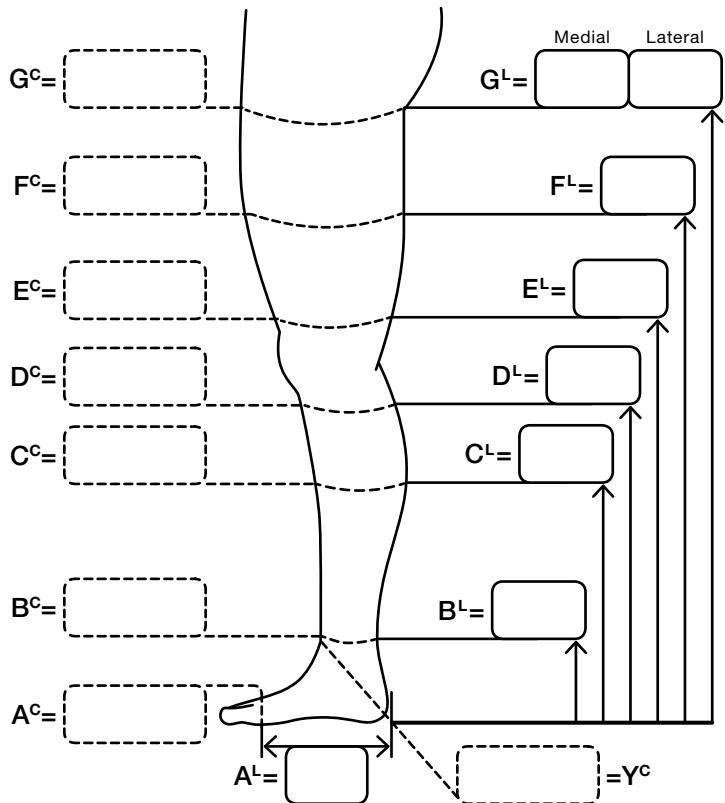
## 3 Measurements

Date taken: \_\_\_ / \_\_\_ / \_\_\_

(All measurements in centimeters)

C = Circumference

L = Length



Use Custom Toe Measurements Form to provide toe measurements.

## 5 Shipping Information

Shipping:  Standard  
 Priority Requested Delivery Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Province Postal Code

Phone: \_\_\_\_\_

Email (for shipping notification): \_\_\_\_\_



# ReadyWrap™ Custom Toe Measurements

This form must be accompanied by a ReadyWrap Custom Lower Extremity Order Form.

## 1 Order Information

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ P.O. #: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

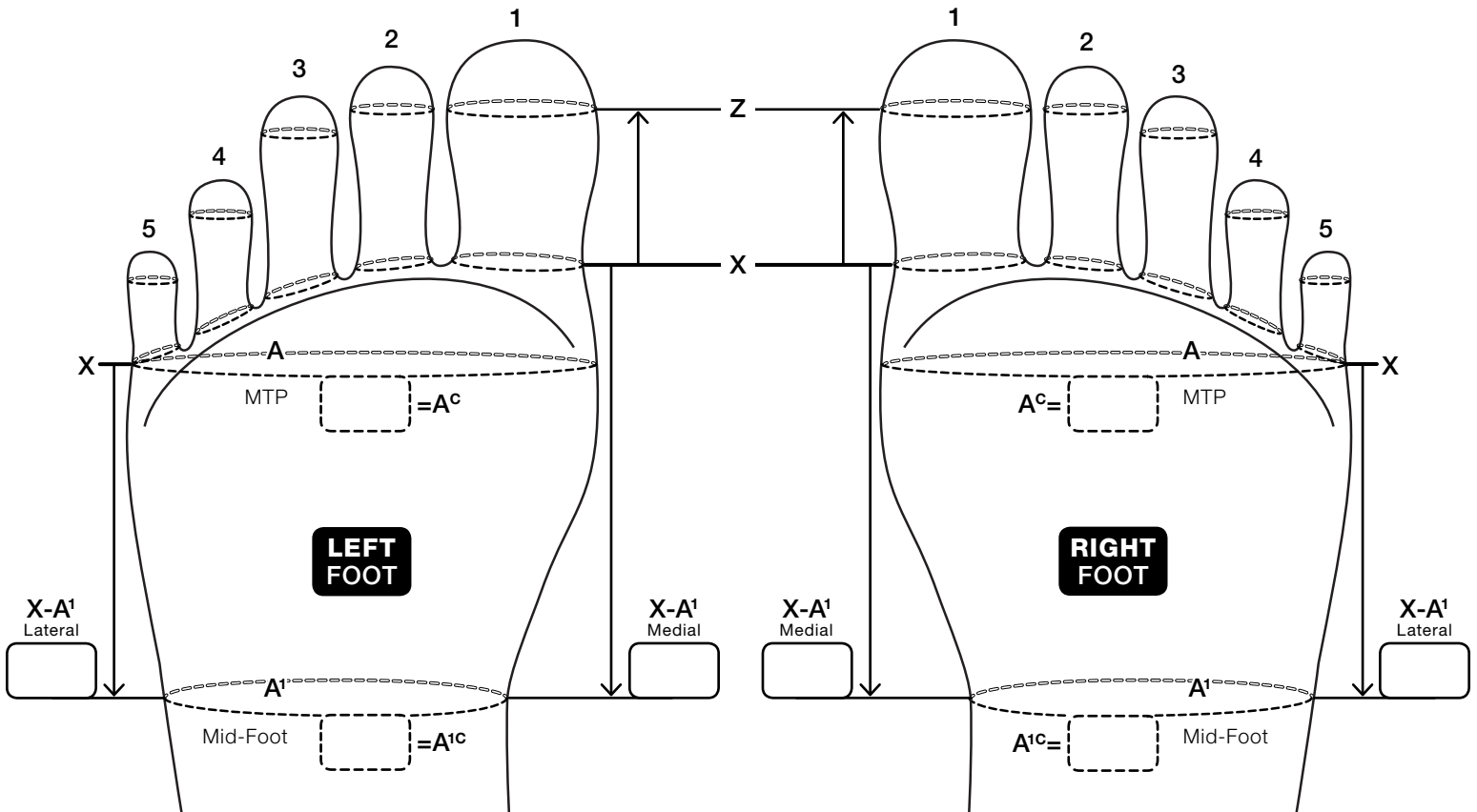
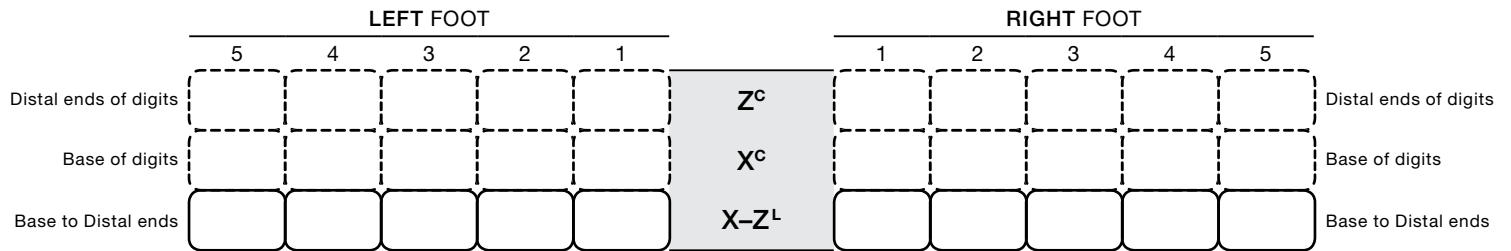
## 2 Client Information

Name: \_\_\_\_\_

## 3 Measurements

(All measurements in centimeters)

Date taken: \_\_\_\_/\_\_\_\_/\_\_\_\_



This form must be accompanied by a ReadyWrap Custom Lower Extremity Order Form.