४२ ■ TributeNight[™] Arm Order Form



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

Name:	_ Phone Number:	Age: H	Height: Weight:
herapist/Fitter: Name:	_ Phone Number:	Email:	
2 Garment Design		leasurements	Date taken: / /
⑦ Style □ Right Arm □ Left Arm UE		Circumference	└ = Length
Channeling Chevron Vertical (Design ca	onsult needed)		I ^L =
Profile □Original □Low		(AC joint)	H ^c =
ତ Color □Black □Blue □Purple □R	aspberry □Slate G ^c =	} H ^L =	Diagon strap len
Modifications QTY. Notes/Placement Ir Zippers	E ^c ={ D ^c ={ C ^c ={ C ^c ={ B ^c ={	IN V	G ^L = F ^L = D ^L = Wrist to Thumb Web Space (optional)
∃Exact Reorder of Order #:	5 5	hipping Information	
Billing Information	□Quote Only		/ Date:
Business Name:			
Phone: Fax: Contact Name & Phone:			
Account #: P.O. #:			
Payment: Credit card (provide number below)		:	Province Postal Code
Card #: Exp:			

४२ ा TributeNight[™] Torso Order Form



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

1 Patient Info	ormation					
Name:		Phone Number:		Age:	Height:	Weight:
Therapist/Fitter:	Name:	Phone Number:		Email:		
 2 Garment D (†) Style (1) Channeling 	TT Breast Tissue Turgor: □Firm □Moderate Drape □Li □Chevron (Design consult needed)	ax	3 Measuremer (All measurements		Date tak O ^L = N ^L =	en: / / Patient Patient Left Right
Profile	□Original □Low		ر		M ^L =	
© Color	□Black □Blue □Purple □Ra		(AC joint)		C ML	\
Snap tap Closure (Special Instruction	Notes/Placement Ins		L ^c = [] K ^c = [] J ^c = [] I ^c = [] H ^c = []			$L^{L} = $ $K^{L} = $ $H^{L} = $ $H^{L} = $
Exact Reorder or	f Order #:		5 Shipping Info			
4 Billing Info	rmation	□Quote Only	Shipping: □Standaro □Priority F		ery Date:	
Business Name: _		\$	Ship to:			
Phone:	Fax:	/	Attn:			
Contact Name & P	hone:	*	Street:			
Account #:	P.O. #:	0	City:		_ State: Province	Zip: Postal Code
Payment: Credit	t card (provide number below)		Phone:		_	
Card #:	Exp:	_/ SID: \ \ \ \	Email (for shipping notified	cation):		OC

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TributeNight[™] Head & Neck Order Form



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			e taken: / /
Style FN		easurements in centimeters)	
Channeling (Default channeling varies based on g			\sim
Profile □Original □Low	; <u></u> C [_] =		
Color Black (Only available in black.)		$\neg \land \land$	
(F) Modifications	=		
Tracheotomy accommodation Adjustable panels (VELCRO® brand) Adjustable straps w/Finger grip L⊡Narrow ⊡Wide 	$F^{L} = \begin{bmatrix} G^{L} = \\ H^{L} = \\ J^{L} = \\ L^{L} = \\ L^{L} = \\ M^{L} = \\ N^{C} = \begin{bmatrix} \\ \dots \\ N^{C} = \\ \end{bmatrix}$	ote areas of scarring or fibrosis with	bash marks (////).
Exact Reorder of Order #:	(5 Ship	oping Information	
4 Billing Information	□Quote Only Shipping:	□Standard □Priority Requested Delivery Date:	
Business Name:	Ship to: _		
Phone: Fax:	Attn:		
Contact Name & Phone:	Street:		
Account #: P.O. #:	City:	State: Province	
Payment: Credit card (provide number below)	t 30 Phone: _	Province	
	/ SID: Email (for s	shipping notification):	

Image: Second State Image: TributeNight[™] Hand Order Form



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

						-
nerapist/Fitter: Name:		one Number:		Email:		
	- 17					
(All measurements, in centimeters)	Date taken:	-'-'_ (2 Garment	Design		
	- 15			UE		
	- 14		Channeling	g □Vertical (Che	vron channeling r	ot available.)
(optional)	- 13		Profile	□Original □L	.ow	
	-12		© Color	□Black □Blue	e □Purple □	Raspberry □Sla
61.31	#3 Digit		🖗 Modificatio	ons		
F ^c =	م! _[#2 Digit	QTY. Zippers		tes/Placement	
#4 Digit	- 10 E°=į			able panels		
\ G ^c =			Adjusta w/Finge	ble straps		
#5 Digit			L□Nar	row DWide		
H ^c =	- 8			(VELCRO® brand)		
	- 7	\	+ Accessorie	e s acket (OJ)		
	-6	\	- Color	: □Black □Blue ner type: □VELCF		
=			 Special Instruction			· · ·
	-5	#1 Digit	/			
HAND	-4 D ^C :	=[]	□Exact Reorder	of Order #:		
	-3	(
	- 2		5 Shipping			
\	-	/	Shipping: □Stan □Prior	dard ity Requested Delive	ry Date:	
Wrist	-1					
=[j ZERO	▶ <u> </u> 0					
Billing Information		Quote Only				Zip:
usiness Name:					Province	Postal Code
none: Fax: Fax:			Email (for shipping I	notification):		
ccount #: P.O. #			-			
ayment: □Credit card (provide number be						

祝 📃 TributeNight[™] Hand Order Form R



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

Patient Information			
Name:		-	Height: Weight:
Therapist/Fitter: Name:	Phone Number:	Email:	-17
2 Garment Design		Measurements (All measurements in centimeters	16 Date taken://
抗 Style UE	(()		- 15
Channeling UVertical (Chevron cha	nneling not available.)		(optional
• •			
Profile			-13 / _ / _ / _ / _ / _ / _ / _ / _ / _ /
⑦ Color □Black □Blue □Pu	rple □Raspberry □Slate		-12
Modifications		#3 Digit	
	cement Instruction #	2 Digit	- 11 ligit/
Adjustable panels	E ^c =	ų	- 10
w/Finger grip	······································		9 / #5 Digit
LONarrow Wide			H%= ()
			0
+) Accessories Outer Jacket (OJ)			-7
Color: Black Blue Purp			
└Fastener type: □VELCRO® bra	Ind fastener Snap		-6
Special Instructions:	\		-5 B ^c =
		Digit	
Exact Reorder of Order #:		=D°	⁻⁴ RIGHT HAND
		/	-3
5 Shipping Information	`		
hipping: Standard	``		-2 /
Ship to:	· · · · · · · · · · · · · · · · · · ·		- 1 / Wrist
			/ Cc=
Street:		ZERO►	
	e: Zip:	Billing Information	□Quote Only
Provir			
mail (for shipping notification):			_ Fax:
	Cont	act Name & Phone:	D O #
	Acco	unt #:	_ P.O. #: number below) □Net 30 Exp: / SID:
	Paym	nent: Credit card (provide r	number below) □Net 30
	Card	#:	Exp:/ SID:

ExoCustom[™] Order Information Form



Include this Order Information form with all ExoCustom orders

1. Order Informat	ion	3. Billing Information
Date:	PO #:	Account #:
□ Original order □ Reorder w/ changes □ Exact reorder		Bill to:
Fax / Email (for confirmation)):	Attention:
Measured By (for ord	ler questions)	Address:
Name:		Address 2:
Facility:		City:
Phone / Email:		State: Zip:
		Phone:
2. Client Informat	ion	Email:
Name / ID:	1	Credit Card Information (if applicable)
Age:	Gender: 🗆 Female 🛛 Male	#:
		Exp Date: / SID:
Comments		
		4. Shipping Information Same as billing address
		Ship to:
		Attention:
		Address:
		Address 2:
		City:
		State: Zip:
		Email (for notifications):
		Shipping Method
		☐ Bus Ground ☐ Res Ground ☐ 2nd Day ☐ Overnight

Include this Order Information form with all ExoCustom orders

ExoCustom[™] **Upper Extremity Measuring and Order Form**



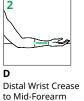
Fax: (772) 589-0306 Email: Sales@acols.com Questions Call (772) 589-3355 Ext #1

Measuring Instructions

- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure your client's arm with the arm • relaxed and slightly bent ($\approx 35^\circ$), and palm facing up.
- Measure lengths on the medial / inside of the arm, following bend of arm.

Ordering Information







to Elbow Crease

3

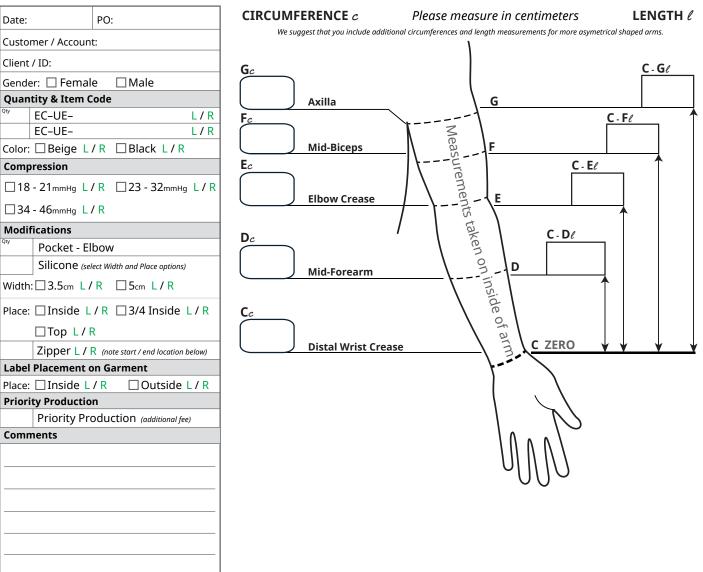


to Mid-Biceps



Follow bend of arm

Distal Wrist Crease to Axilla Follow bend of arm



Email Form to Sales@ACOLS.com or Fax to

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