



L&R INTERNAL USE ONLY

Tribute® Wrap Order Form **HEAD & NECK**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

Tribute Wrap Head & Neck
 sold individually

Size	REF	Qty.
One Size	157396	

Tribute Wrap Head & Neck with Tracheostomy Accommodation
 sold individually

Size	REF	Qty.
One Size	157397	

Head & Neck garment styles do not utilize or include a Sleep Sleeve.

5 Accessories

Pads

sold individually

Style	REF	Qty.
Bow Tie Pad	157631	
Cheek Pad, Left	157628	
Cheek Pad, Right	157629	
Eye Patch Pad	157630	
Lip Bridge Pad	157632	

Compression Straps

Style	REF	Qty.
8 cm Compression Strap	4 pcs 157633	
21 cm Crossed Compression Strap	2 pcs 157634	
28 cm Compression Strap	2 pcs 157635	

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.