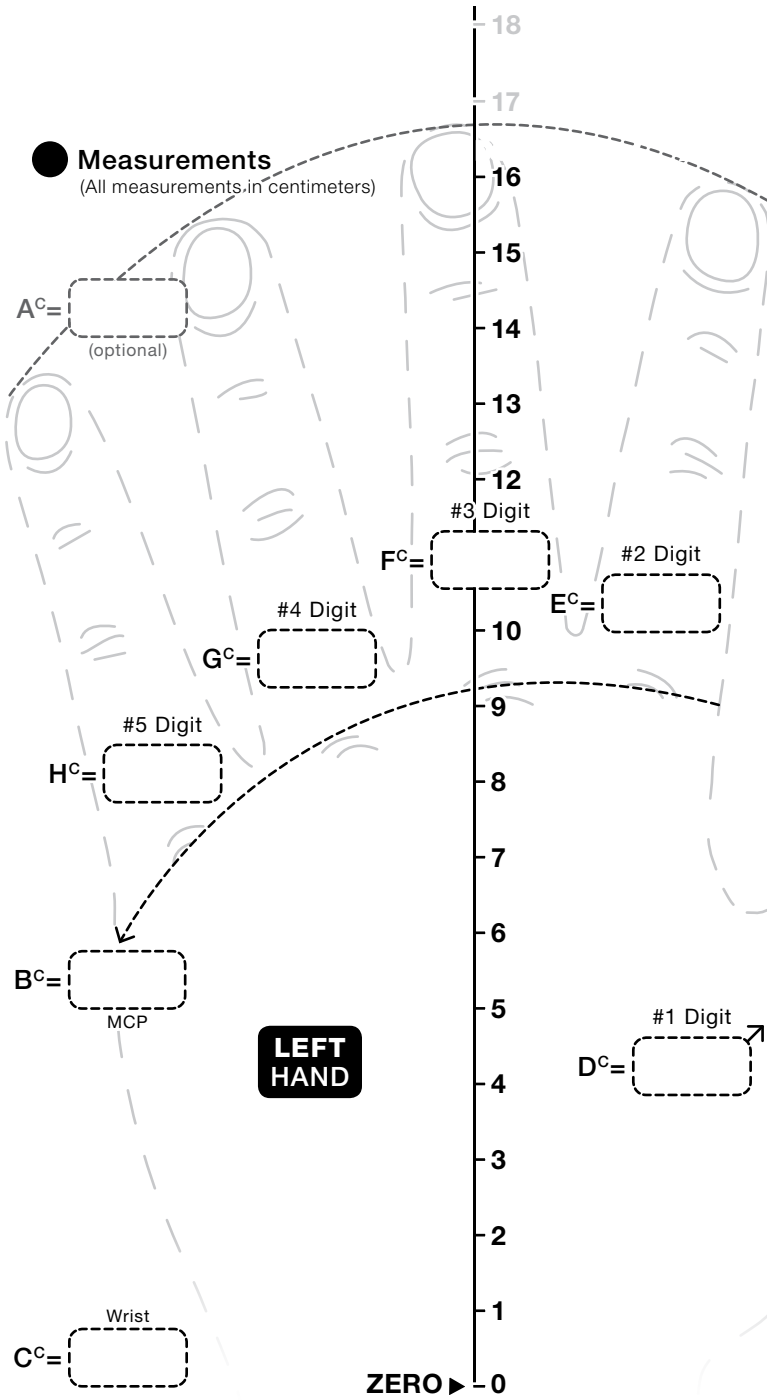


Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## Hand Order Form **L**

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

Quote Only



### Garment Design

**Style** UE - \_\_\_\_\_

**Channeling** Vertical (Chevron channeling not available.)

**Profile** Original Low

**Color** Black Blue Purple Raspberry Slate

**Modifications**

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

**Accessories**

\_\_\_ Outer Jacket (OJ)

- └ Color: Black Blue Purple Raspberry Slate
- └ Fastener type: VELCRO® brand fastener Snap
- └ Modifications: Non-skid pads

Special Instructions:

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