Absolute Medical, Inc.
Your Compression Solution
1843 W. Hubbard St., Chicago, IL 60622
Tel. 312 233 2207 Fax 866 860 9358
To Order Online:
orders@absolutemedical.com
www.absolutemedical.com

TributeNight™ Arm Order Form

1 Patient Information

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

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

2 Garment Design

Style ○Right Arm ○Left Arm UE - _____

Channeling ○Chevron ○Vertical (Design consult needed)

Profile ○Original ○Low

Color ○Black ○Blue ○Purple ○Raspberry ○Slate

Modifications

QTY.		Notes/Placement Instruction
___	Zippers	
___	Closure (VELCRO® brand)	
___	Adjustable panels (VELCRO® brand)	
___	Pull-up loops	
___	Digit spacers	
___	Snap tape	

Accessories

___ Variable Compression Jacket (VCJ)
___ Outer Jacket (OJ)
- Color: ○Black ○Blue ○Purple ○Raspberry ○Slate
- Fastener type: ○VELCRO® brand fastener ○Snap

___ Easy Slide Donning Aid

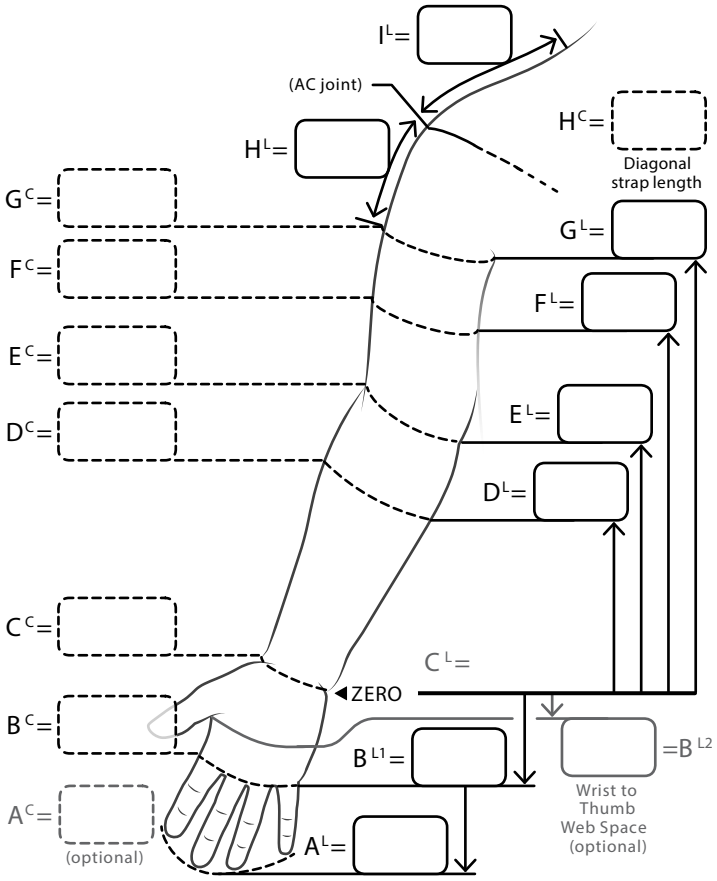
Special Instructions:

☐Exact Reorder of Order #: _____

3 Measurements

(All measurements in centimeters) Date taken: ___ / ___ / ___

C = Circumference L = Length



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: ____

5 Shipping Information

Shipping: ○Standard ○Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

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

Phone: _____

Email (for shipping notification): _____

Fax completed order to 866-860-9358 or email to orders@absolutemedical.com

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