



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.

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