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Body Works
Compression

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Measuring Guidelines for TributeNight Hand Units

Positioning Your Client When Measuring for Hand Garments

The Hand Order Forms are Right / Left specific.

Position your client's hand on a copy of the order form. Align the wrist crease to approximate the Center Wrist Line on the copy of the order form. Trace around the client's hand with a pen or pencil, keeping the tip of the pen/pencil close to the digits and hand. Have the client remove their hand from the copy of the Hand Order Form.

Measuring Circumferences:

Please record the needed measurements in the designated areas on the specific Hand Order Form.

A: Measure the wrist circumference over the styloid.

B: Measure the palm circumference across the metacarpal heads.

C: Measure the proximal circumference of the thumb.

D: Measure the proximal circumference of the index finger.

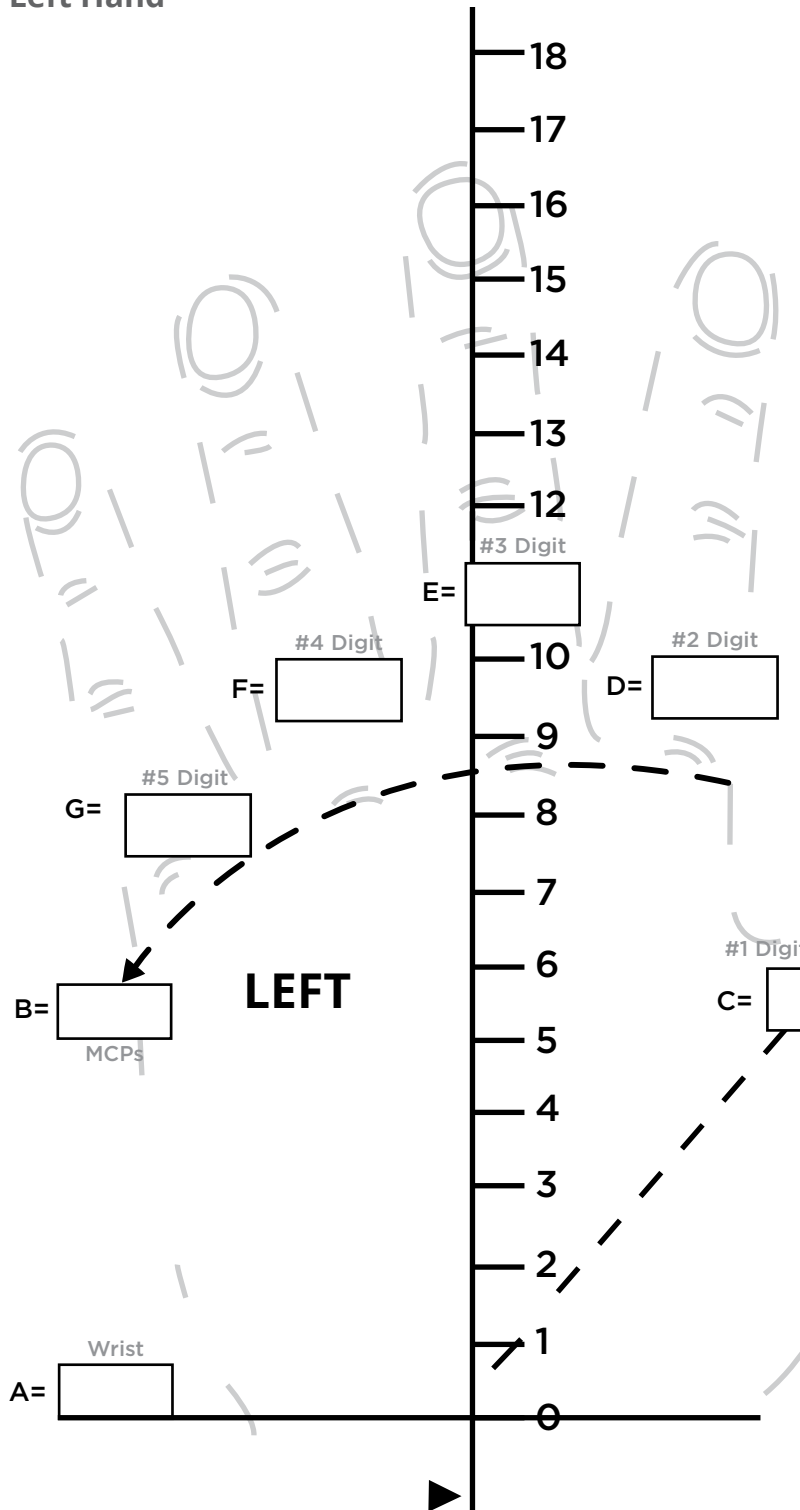
E: Measure the proximal circumference of the middle finger.

F: Measure the proximal circumference of the ring finger.

G: Measure the proximal circumference of the small finger.

TributeNight
Hand Order Form
Left Hand

Please Measure in Centimeters



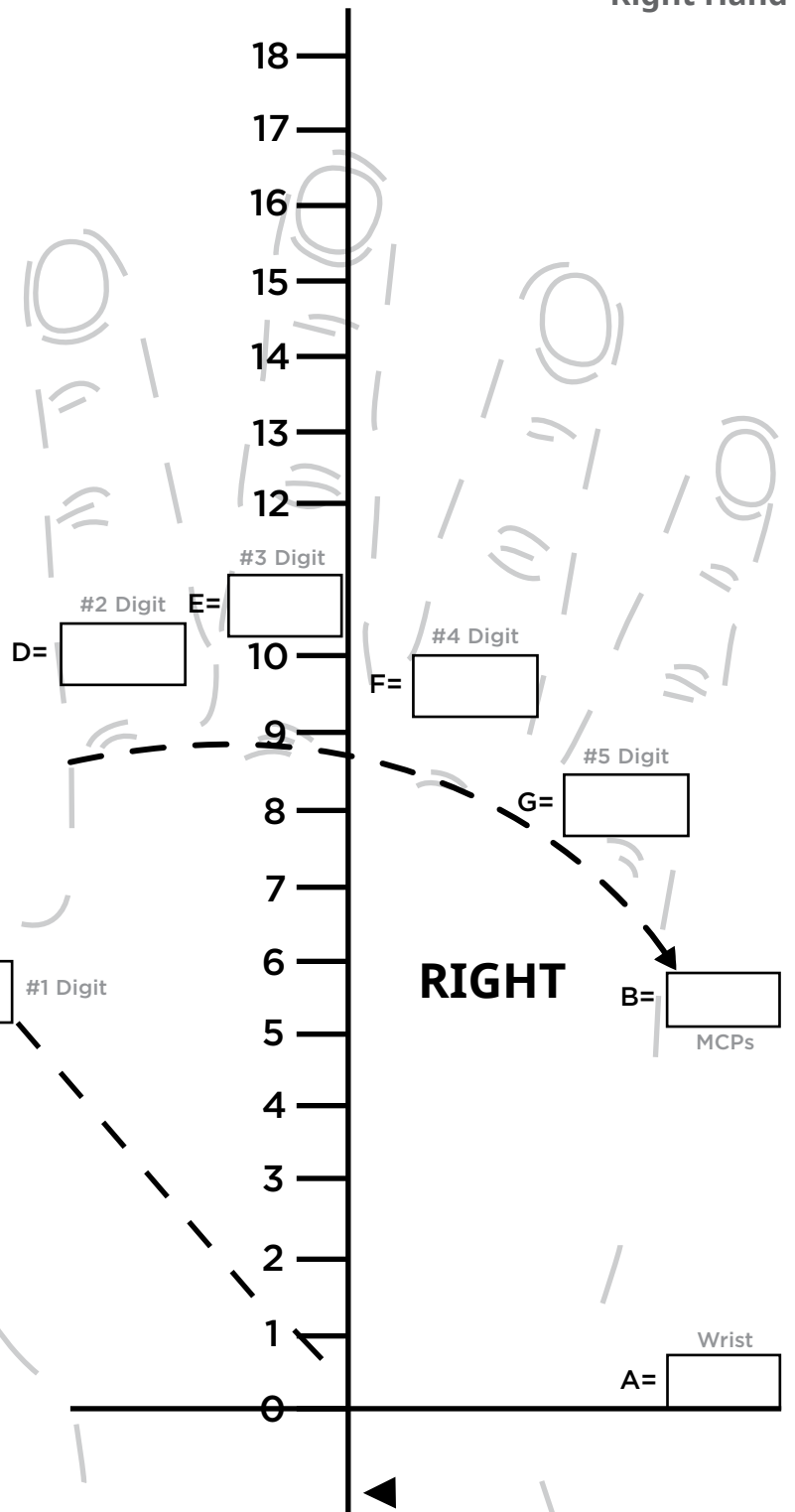
SHIP TO:		
Attn: _____		
Street: _____		
City: _____		
State: _____		Zip: _____
Telephone: _____		
Fax: _____		
BILL TO:		
Attn: _____		
Street: _____		
City: _____		
State: _____		Zip: _____
Telephone: _____		
Fax: _____		
Account # _____		
<input type="checkbox"/> PO # _____		
<input type="checkbox"/> CC # _____ Exp ___ / ___		
If we have a question, whom should we contact? _____		
Contact Phone #: _____		
Client Name or Order Reference #: _____		
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____		
Age _____ Height _____ Weight _____		
For Solaris Internal Usage: _____		
QTY	UNIT	PRICE
	Garment Code: UE-	
	Variable Compression Jacket	
	Priority Production Fee	
Fabric Option		
TributeNight:		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
Outer Jacket:		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
Shipping		
<input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> O/Ngt		
TOTAL:		

Comments: _____

TributeNight Hand Order Form Right Hand

Please Measure in Centimeters

SHIP TO:		
Attn:		
Street:		
City:		
State:		Zip:
Telephone:		
Fax:		
BILL TO:		
Attn:		
Street:		
City:		
State:		Zip:
Telephone:		
Fax:		
Account # _____		
<input type="checkbox"/> PO # _____		
<input type="checkbox"/> CC # _____ Exp ____ / ____		
If we have a question, whom should we contact?		
Contact Phone #:		
Client Name or Order Reference #: C= <input type="text"/>		
DX <input type="checkbox"/> 457.1 <input type="checkbox"/> 457.0 <input type="checkbox"/> Other _____		
Age _____ Height _____ Weight _____		
For Solaris Internal Usage:		
QTY	UNIT	PRICE
	Garment Code: UE-	
	Variable Compression Jacket	
	Priority Production Fee	
Fabric Option		
TributeNight:		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
Outer Jacket:		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Teal		
Shipping		
<input type="checkbox"/> Bus. GRD <input type="checkbox"/> Res. GRD <input type="checkbox"/> 2nd Day <input type="checkbox"/> O/Ngt		
TOTAL:		



Comments: _____

