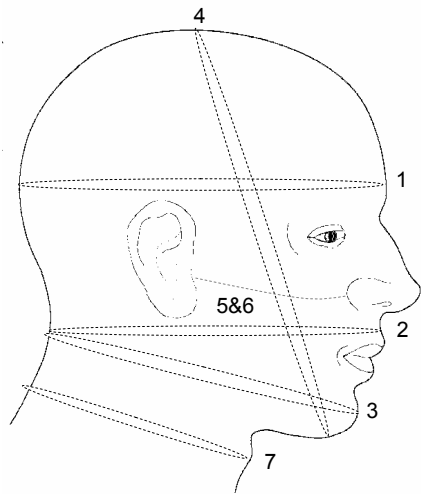


# MEDICAL



From: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Organization File No. \_\_\_\_\_  
Medical Z File No. \_\_\_\_\_  
Measured By \_\_\_\_\_ / \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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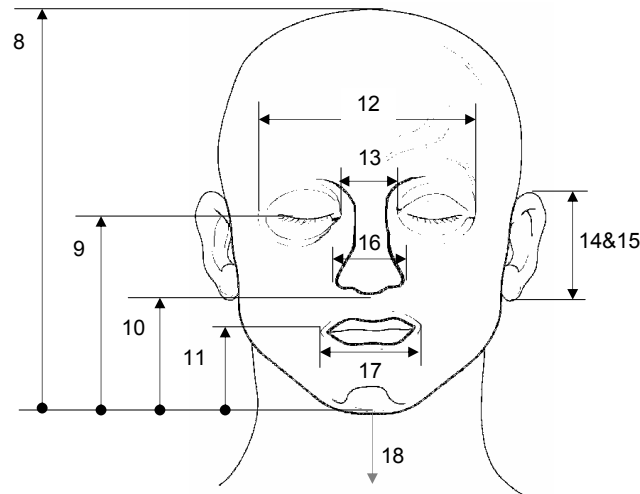
Coolmax  
 Reg. Fabric

### Circumferences

- 1. Above Eyebrows
- 2. Under Nose
- 3. Around Chin and Back of Neck
- 4. Under Chin & Top of Head
- 5. From Nostril to **Left** Ear
- 6. From Nostril to **Right** Ear
- 7. Neck Circumference

### Lengths

- 8. Chin to Top of Head
- 9. Chin to Eyes
- 10. Chin to Nose
- 11. Chin to Mouth
- 12. Width of Eyes
- 13. Width Between Eyes
- 14. Length of Left Ear
- 15. Length of Right Ear
- 16. Width of Nose
- 17. Width of Mouth
- 18. Neck Length



### Style

- Face Mask
- Open Face Mask
- Chin Strap
- Modified Chin Strap
- Neck Band
- Other

### Color