

MEDICAL



From: _____
Date: ____/____/____
Patient: _____
Date of Birth: ____/____/____
Organization File No _____
Medical Z File No. _____
Measured By _____ / _____

Comments: _____

Options

Neck Design

Reg. Neck	<input type="text"/>	cm
Scoop Neck	<input type="text"/>	cm
V Neck	<input type="text"/>	cm
Turtle Neck	<input type="text"/>	cm

Sleeve Zipper Location

	Right	Left
Anterior	<input type="text"/>	<input type="text"/>
Posterior	<input type="text"/>	<input type="text"/>
Medial	<input type="text"/>	<input type="text"/>
Lateral	<input type="text"/>	<input type="text"/>

Torso Velcro Location

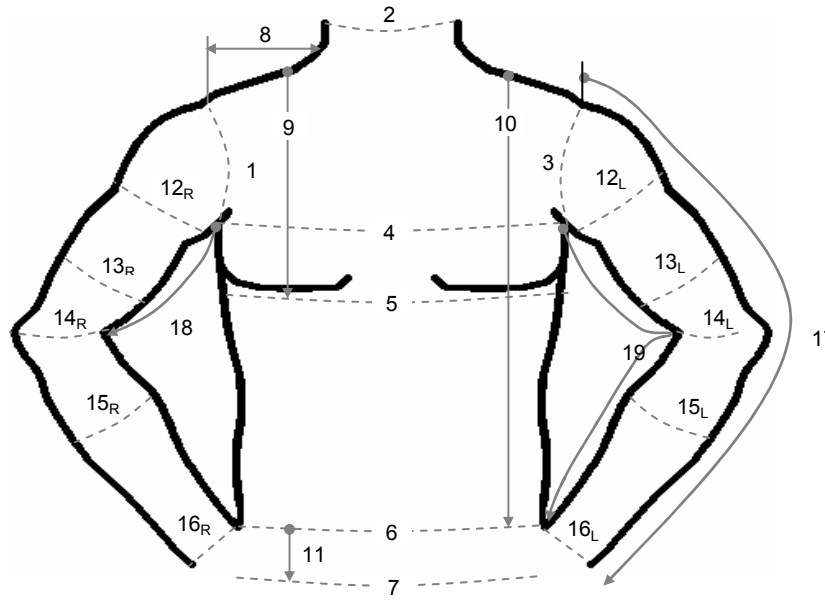
Anterior	<input type="text"/>
Posterior	<input type="text"/>

Torso Zipper Location

Anterior	<input type="text"/>
Posterior	<input type="text"/>

Female Patients

Bra Cup Size	<input type="text"/>
Circum. over Areola	<input type="text"/>
Padding	<input type="text"/>
Lining	<input type="text"/>
Velcro Tabs	<input type="text"/>



Torso Circumferences

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

1. Right Shoulder
 2. Neck
 3. Left Shoulder
 4. Chest at Axilla
 5. Beneath Breast
 6. Waist
 7. End of Support
- Torso Lengths**
8. Shoulder
 9. Shoulder to Beneath Breast
 10. Shoulder to Waist
 11. Waist to End of Support

Arm Circumferences

Right	Left
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12. Axilla
13. Bicep
14. Elbow
15. Forearm
16. Wrist

Arm Lengths

Right	Left
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

17. Shoulder to Wrist (Outside)
18. Axilla to Elbow (Inside)
19. Axilla to Wrist (Inside)

Styles

- | | |
|----------------------|-------------------------------------|
| <input type="text"/> | Vest with Long Sleeves |
| <input type="text"/> | Vest with Short Sleeves |
| <input type="text"/> | Vest with 1 Long and 1 Short Sleeve |
| <input type="text"/> | Sleeveless Vest |
| <input type="text"/> | Arm Sleeve with Breast Flap |
| <input type="text"/> | Sleeve |
| <input type="text"/> | Forearm Sleeve |
| <input type="text"/> | Other _____ |

Color

Coolmax
 Reg. Fabric