

MEDICAL



From: _____

Date: ____/____/____

Patient: _____

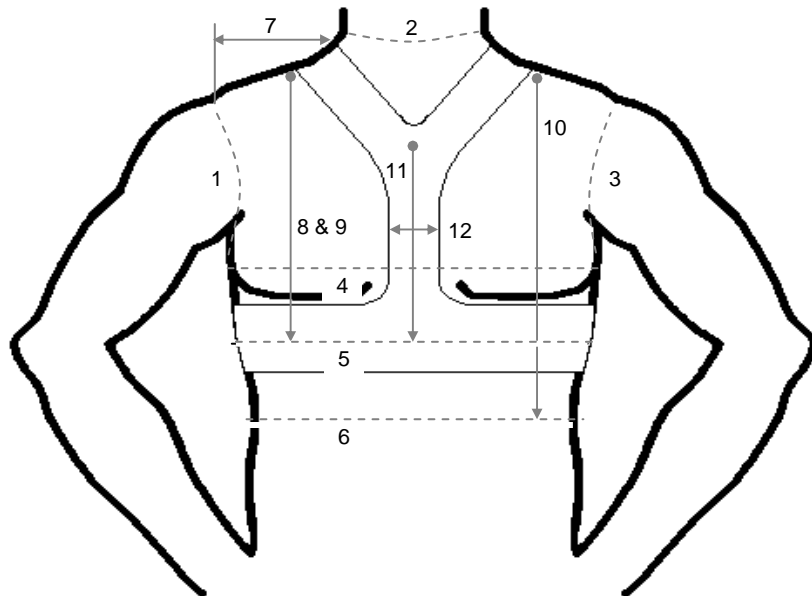
Date of Birth: ____/____/____

Organization File No _____

Medical Z File No. _____

Measured By _____ / _____

Comments: _____



Circumferences

- 1. Right Shoulder Circumference
- 2. Neck Circumference
- 3. Left Shoulder Circumference
- 4. Chest Circumference at Axillas
- 5. Chest Circumference Beneath Breast
- 6. Circumference at End of Support

Lengths

- 7. Shoulder Width
- 8. Shoulder to Below Breast (Right)
- 9. Shoulder to Below Breast (Left)
- 10. Shoulder to End of Support
- 11. Length for Sternal Portion of
- 12. Width for Sternal Portion

- Wellness**
- Coolmax**
- Reg. Fabric**

Color