

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

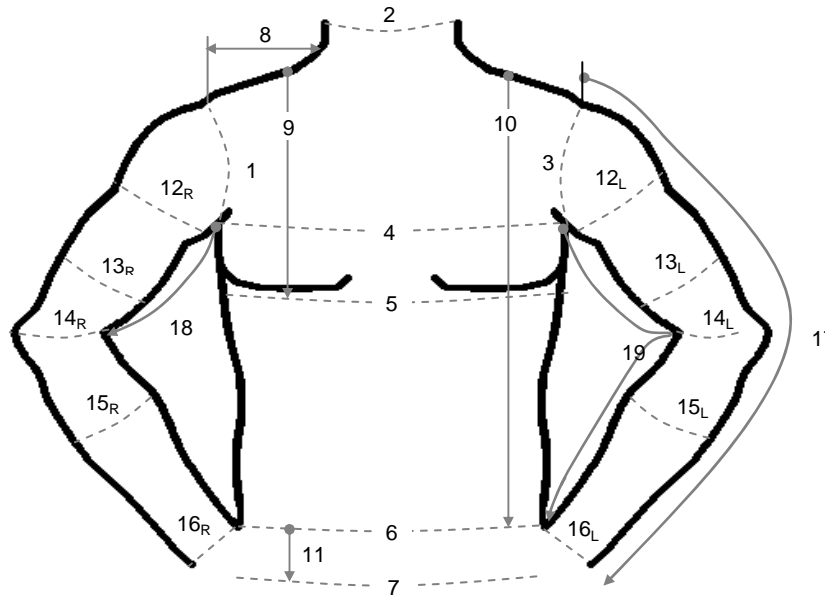
Anterior	<input type="text"/>
Posterior	<input type="text"/>

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
8. Shoulder
9. Shoulder to Beneath Breast
10. Shoulder to Waist
11. Waist to End of Support

Torso Lengths

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"/>

Arm Circumferences

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

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

Arm Lengths

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

Styles

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

Color

<input type="checkbox"/>	Wellness
<input type="checkbox"/>	Coolmax
<input type="checkbox"/>	Reg. Fabric