



From : _____

Measurement taken by: _____

Patient Name (Last, First M.) _____ Sex: Circle One M F Date: _____

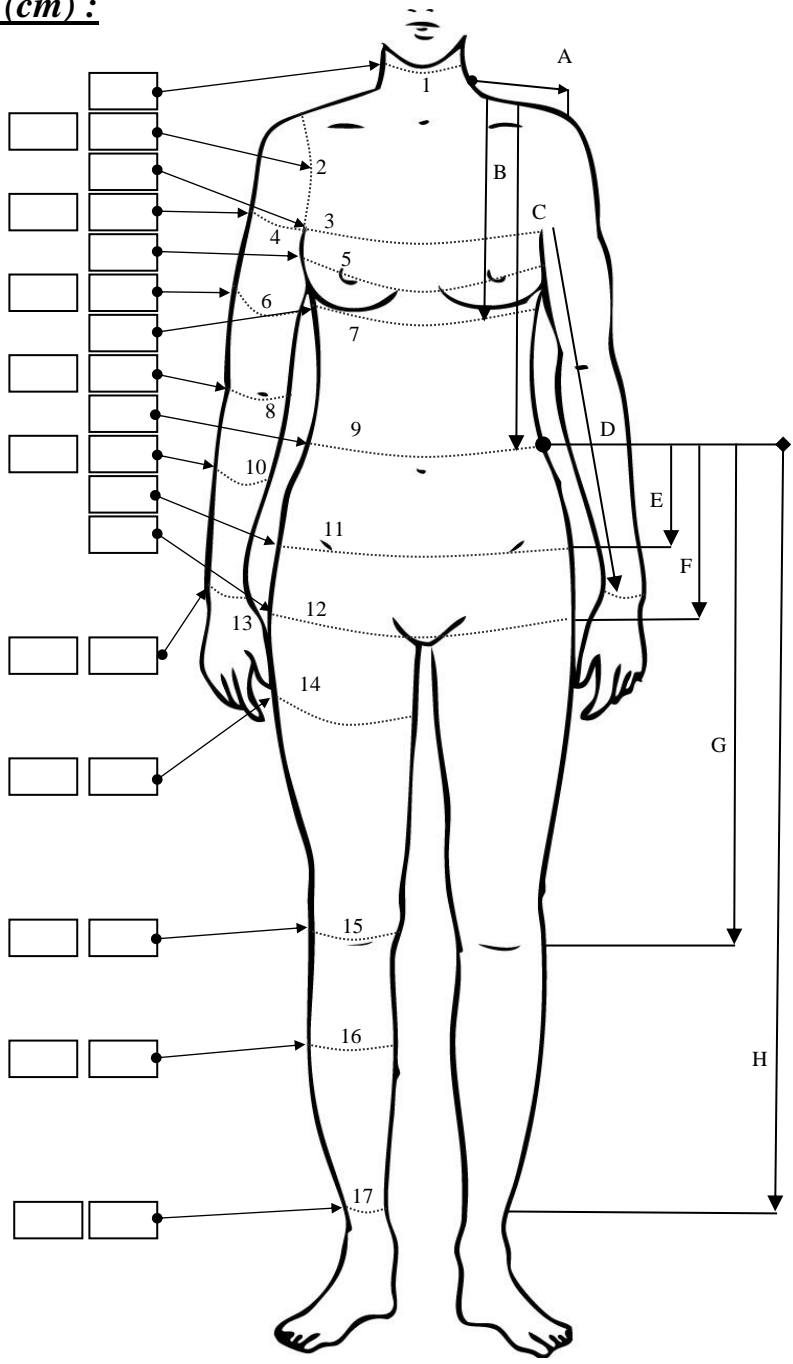
Patient Address _____

Color: _____ Custom Made

Bra & Cup Size : _____ Catalogue reference # _____

Circumferences (cm) :

- 1.Neck
- 2.Shoulder
- 3.Thorax**
- 4.Axilla
- 5.Areola**
- 6.Bicep
- 7.Under Breast**
- 8.Elbow
- 9.Waist**
- 10.Forearm
- 11.Mid Point**
- 12.Pubis
-
- 13.Wrist
-
- 14.Thigh
-
- 15.Knee
-
- 16.Calf
-
- 17.Ankle



Heights (cm) :

- A.Shoulder Length
- B.Shoulder to Under Breast
- C. Shoulder to Waist
- D. Axilla to Wrist
- E. Waist to Mid Point
- F. Waist to Pubis
-
- G. Waist to Knee
-
- H. Waist to Ankle