



**From :**  
 .....  
 .....  
 .....  
 .....

**Patient's name (Last, First) :**  **Sex :**  **Measured by :**  **Order date :**

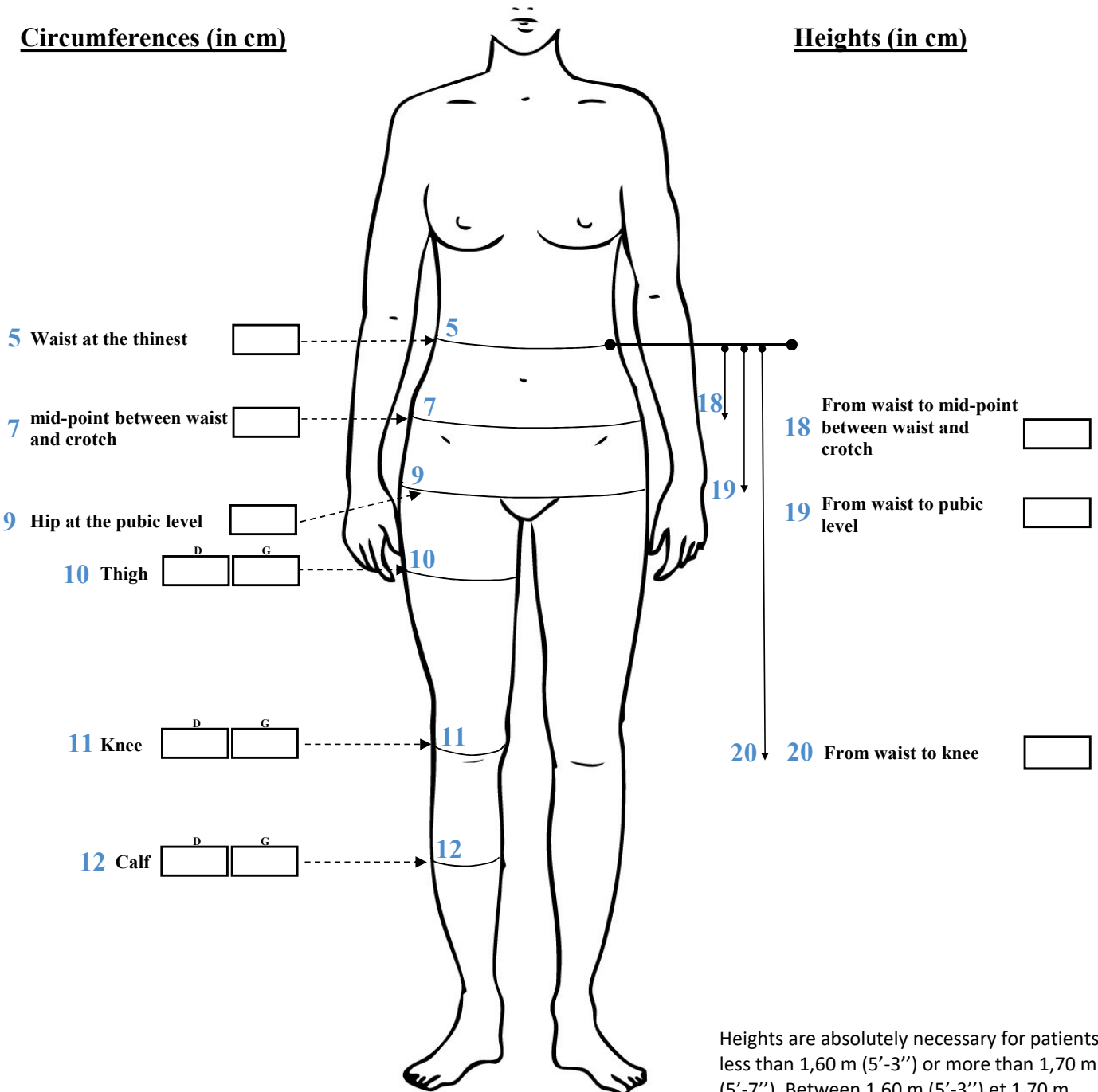
**PLASTIC SURGERY : CUSTOM MADE**

**Measures :** Pre-op  Post-op  **Colours :** Black  White  **Bra Size + Cup:**  **Medical Z model ref. :**

**Date of surgery :**  **Height :**

**Circumferences (in cm)**

**Heights (in cm)**



Heights are absolutely necessary for patients is less than 1,60 m (5'-3") or more than 1,70 m (5'-7"). Between 1,60 m (5'-3") et 1,70 m (5'-7"), regular heights will be applied.