



From :

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

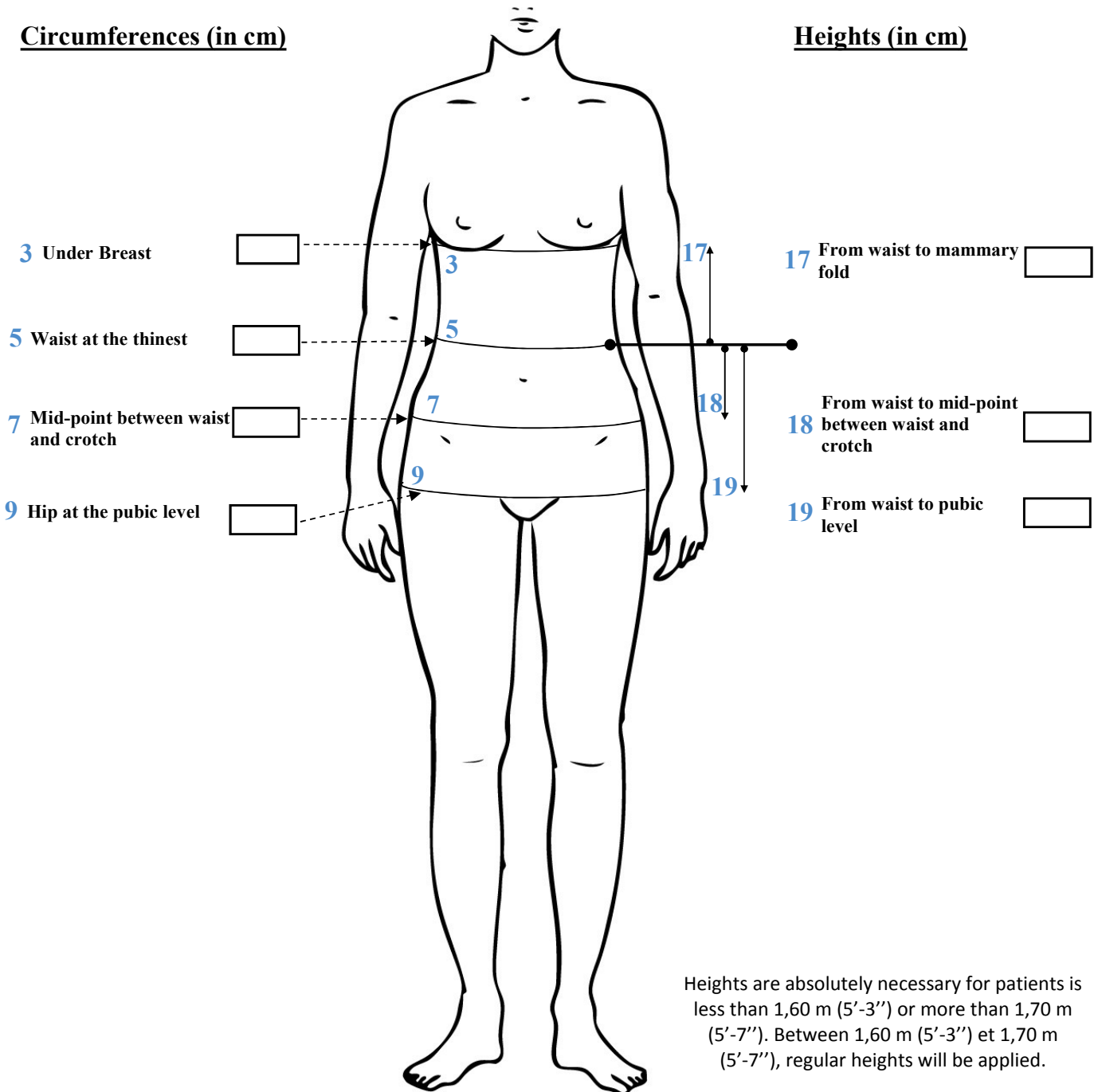
PLASTIC SURGERY : CUSTOM MADE

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)



EC/007 - EC/012 - EC/014 - EC/032 - EC/036 S/007 - S/008 - S/010 - S/032