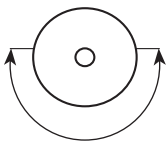


PATIENT NAME : **Date**

VEST

- **Neck configuration :** Vneck : yes no Depth..... cm
 Turtle Neck : yes no Height..... cm

- **Breast confection :** Yes No Cup Size :



Right : cm
 Left : cm



Right : cm
 Left : cm

- **Zipper position :** Frontal Dorsal
 Hooks Helping closure Yes No

- **Sleeves Zipper :** Yes No
 → If Yes : Length.....cm (min 3cm)
 Position radius Ulna (cubitus) Dorsal Palmar

- **Sleeves finish :** serge stitch elastic bias

ARM SLEEVE

- **Anti-slip :** yes no
- **Velcro adjustment :**
 Proximal end yes no
 Distal end yes no

PATIENT NAME : Date :

GLOVE

- **ZIPPER :**
 - yes no
 - Zipper Position : radius dorsal
 - cubitus palmar
 - Zipper Length : cm (min 3cm)
- **Wrist finish :** serge stitch elastic bias
- **Finger tips with serge stitch :** yes no
- **Anti slip :** yes no
- **Medical Z Grip :** yes no

PANTS

- **Crotch** Woman → open closed
Man → open closed
 - Slot opened with horizontal fly
 - Slot closed Zip Velcro Fully closed
- **Anti-slip at waist :** yes no
- **Ankle finish :** serge stitch elastic bias
- **Zipper at ankle :** yes no
 - If yes : internal external
 - Length : cm (3cm min)
- **Attached foot :** Right yes no
Left yes no

STOCKING

- **Zipper at ankle :** yes no
 - If yes : Internal External
 - Length : cm (3cm min)
- **Stocking finish proximal :** serge stitch elastic bias
- **Anti-slip proximal end (elastic only) :** yes no
- **Foot Glove :** yes no
 - If Yes : Please join the measurement form for a Foot Glove