

CUSTOM MADE BURN GARMENTS - ADDITIONAL OPTIONS

NAME OF THE PATIENT:

DATE:

FILE #:

DOB:

VEST

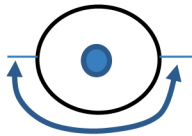
Crew Neck Yes No

V- Neck Yes No - If yes height from sternal notch down ____ in cm.

Scoop Neck Yes No

Turtle Neck Yes No - If yes height: ____ cm anterior & height: ____ cm posterior

Breast Cup Yes No Cup Size: ____ Circumference over Areola: ____



Right: ____ cm

Left: ____ cm



Right: ____ cm

Left: ____ cm

Torso Zipper Anterior Posterior

Hooks under the zipper to help closure Yes No

Sleeve Zipper Yes No if yes indicate Length Right: ____ cm Left: ____ cm

(Min length is 3 cm)

Left Anterior Posterior Medial Lateral

Right Anterior Posterior Medial Lateral

Sleeve Ends Serge Stitch Anti Slip Elastic Bias Tape

Padding Yes No if yes indicate where on chart

Length: ____ cm Height: ____ cm

Lining Yes No if yes indicate where on chart

Length: ____ cm Height: ____ cm

Velcro Tabs Yes No

Anti-Slip at Waist Yes No