



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:

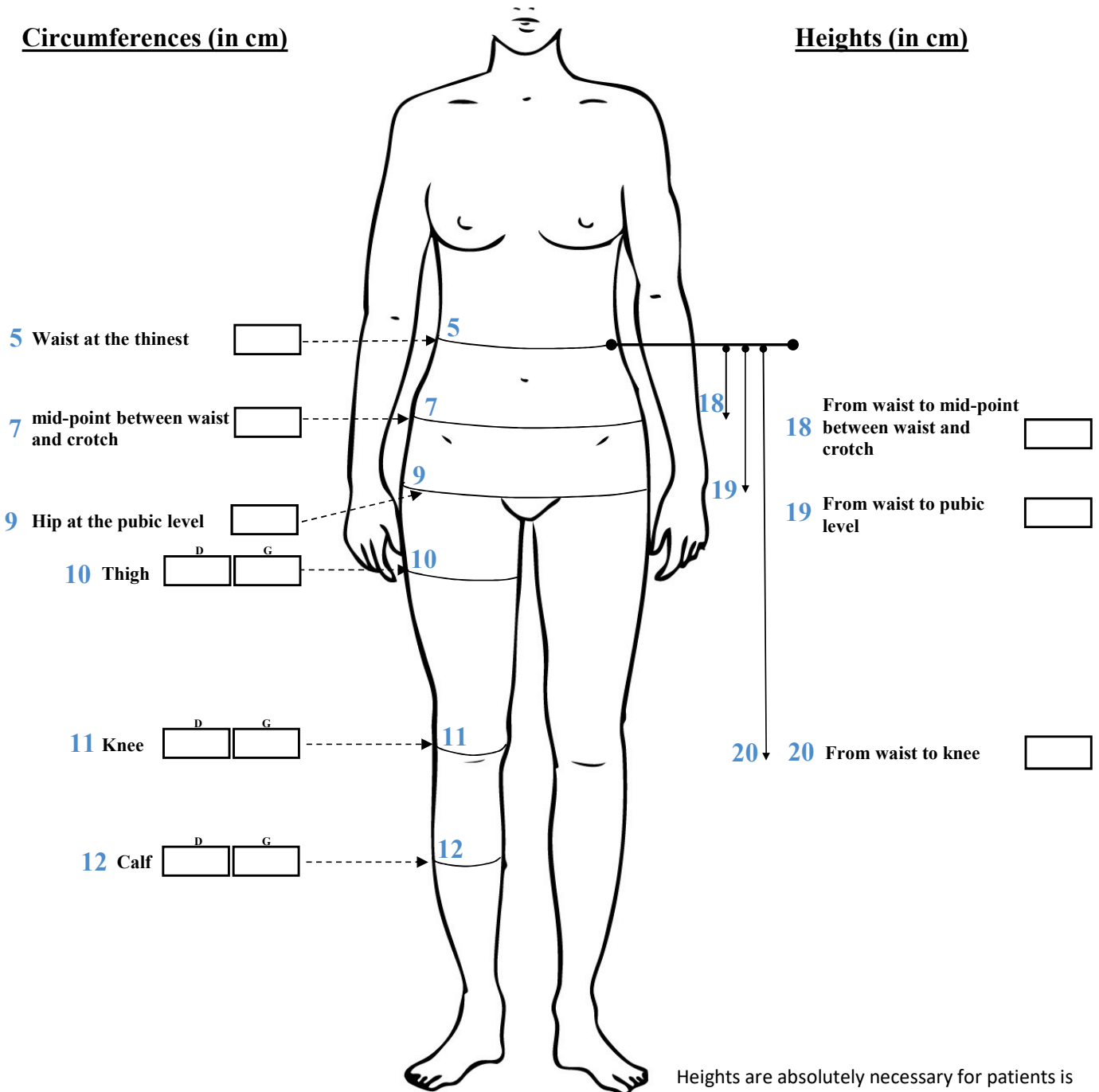
Medical Z model ref. :

Date of surgery :

Height :

Circumferences (in cm)

Heights (in cm)



Heights are absolutely necessary for patients is less than 1,60 m or more than 1,70 m. Between 1,60 m et 1,70 m, regular heights will be applied.

EC/001 - EC/006 - S/002 - S/004