



Nom et adresse du prescripteur :

.....

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 :

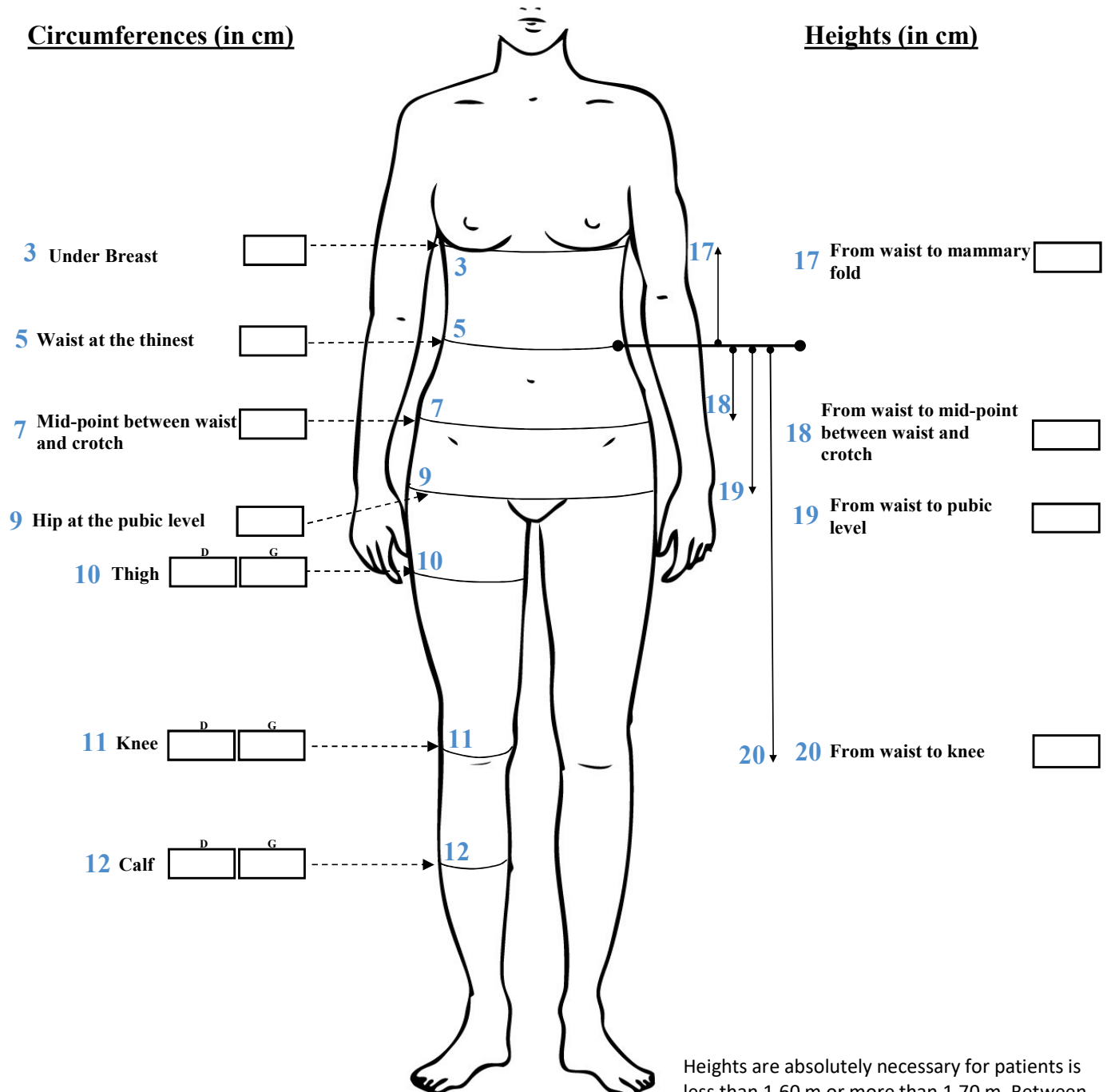
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Height :

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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/002 - EC/003 - EC/008 EC/009 -
 EC/017 - S/001 - S/003**