



From :

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

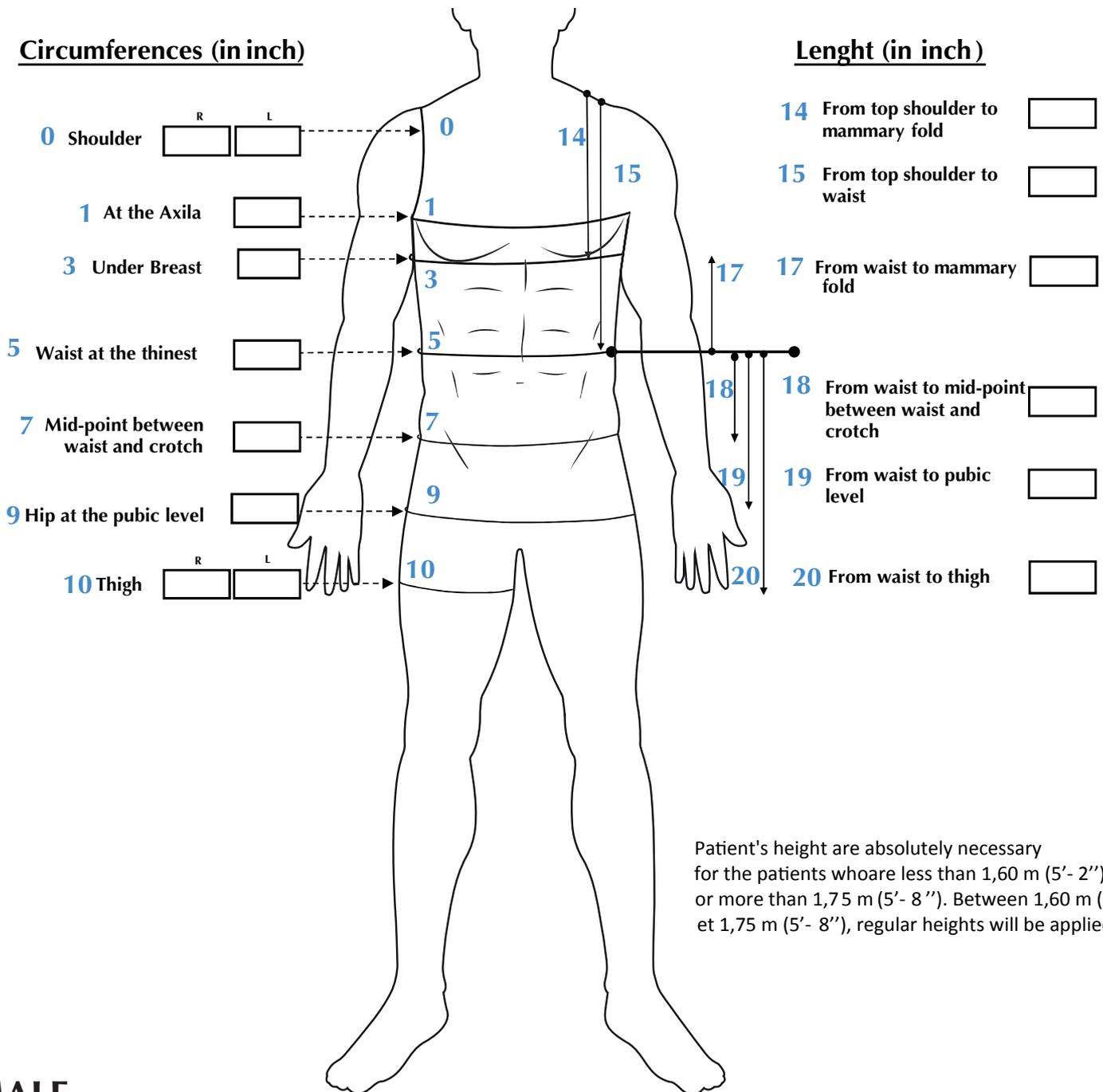
CUSTOM MADE GARMENT

Measurement : Pre-op Post-op **Colors :** Black White **Bra Size + Cup:** **Medical Z model ref. :**

Date of surgery : **Patient's Height :**

Circumferences (in inch)

Length (in inch)



Patient's height are absolutely necessary for the patients who are less than 1,60 m (5'- 2") or more than 1,75 m (5'- 8"). Between 1,60 m (5'- 2") et 1,75 m (5'- 8"), regular heights will be applied.

MALE

EC/037 - EC/045