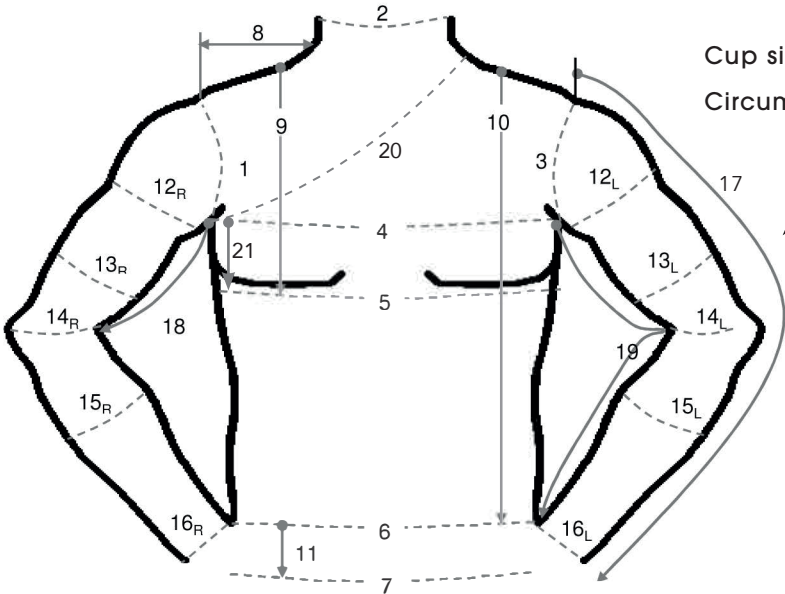


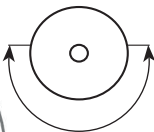


From: _____
Date: ____/____/____
Patient: _____
Date of Birth: ____/____/____
Sex: (Circle One) Male ☐ Female ☐
Organization File No. _____
Medical Z File No. _____
Measured By _____/_____/_____

Comments: _____



Cup size: _____
Circumference over areolas: _____



Right: _____ cm
Left: _____ cm



Right: _____ cm
Left: _____ cm

Torso Circumferences

	1. Right Shoulder
	2. Neck
	3. Left Shoulder
	4. Chest at Axilla
	5. Beneath Breast
	6. Waist
	7. End of Support
	Torso Lengths
	8. Shoulder
	9. Shoulder to Beneath Breast
	10. Shoulder to Waist
	11. Waist to End of Support

Arm Circumferences

Right	Left

Arm Lengths

Right	Left

Measurements required only for Arm sleeve with breast flap (CM100)

Right	Left

	Fresh Fabrics
	Coolmax
	Standard
	Color

Styles	
	Vest with Long Sleeves
	Vest with Short Sleeves
	Vest with 1 Long and 1 Short Sleeve
	Sleeveless Vest
	Arm Sleeve with Breast Flap
	Sleeve
	Forearm Sleeve
	Other _____

Use the additional Options Vest Form