MEDICALZ®

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

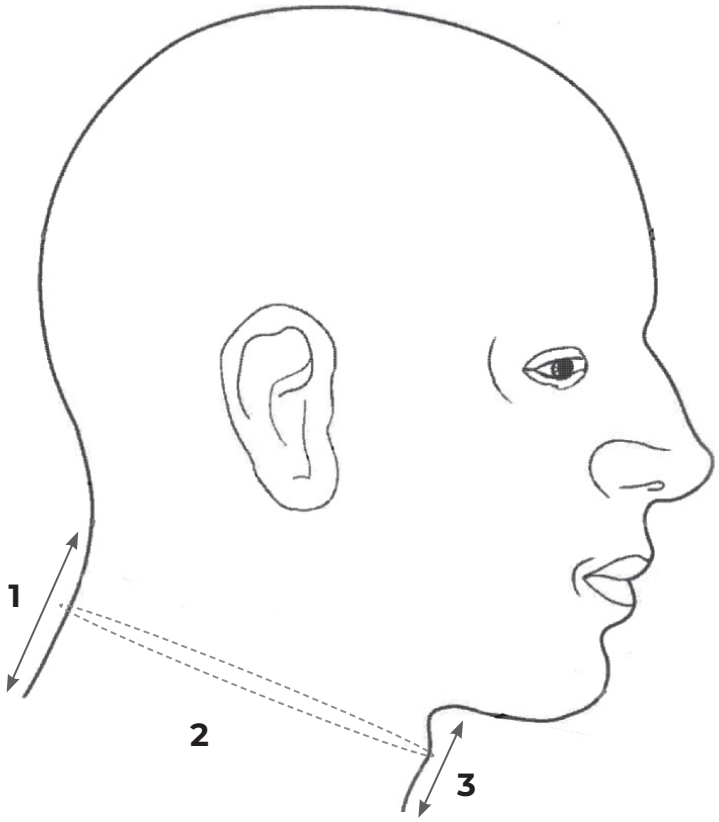
Comments: _____

NECK COLLAR

☐ Fresh Fabrics
☐ Coolmax

☐ Color

☐ Medigel Sleeve Option
- ☐ Black
- ☐ Beige



☐ **1** - Back neck height

☐ **2** - Neck circumference

☐ **3** - Front neck height

All measurements are in centimeters to the nearest 10th