

MEDICAL



Patient's Name (Last, First):

Address:

Medical Z file number:

Date of Birth

Sex

From :

Order date :

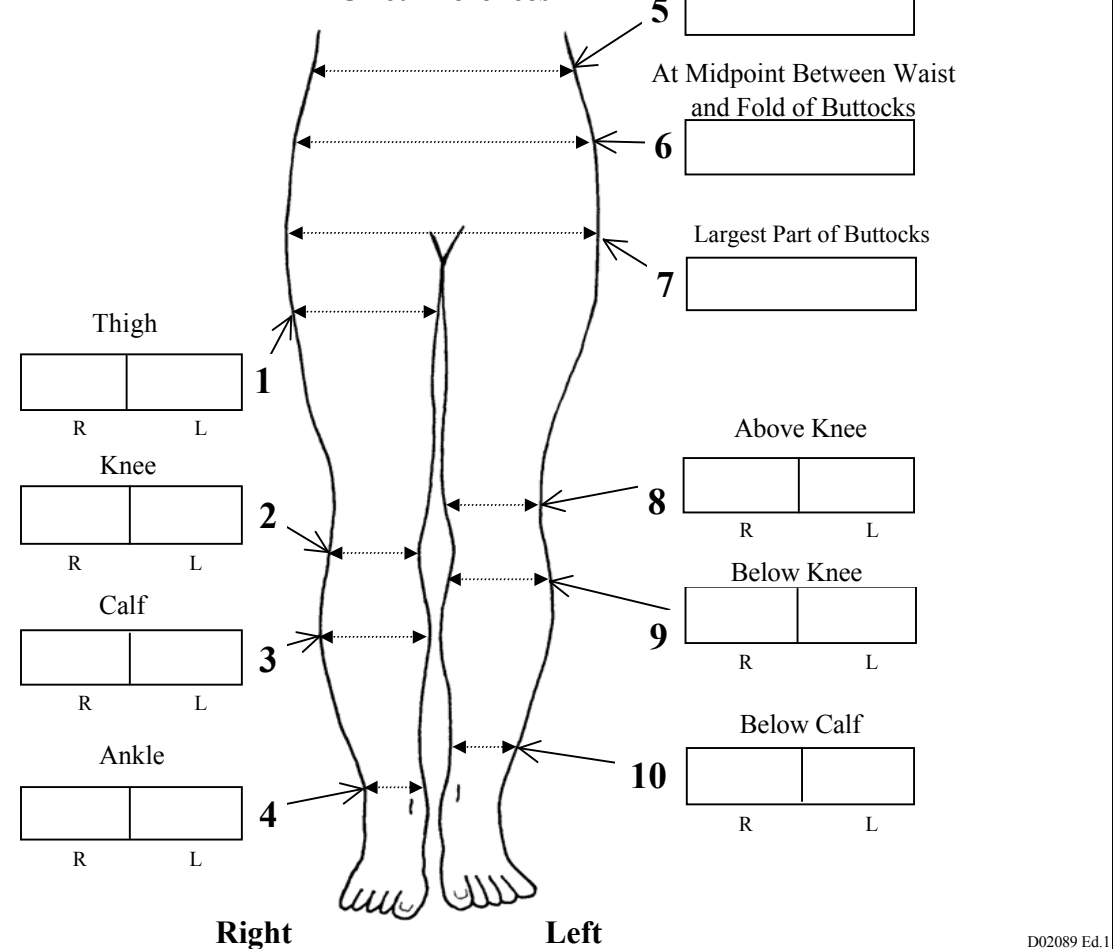
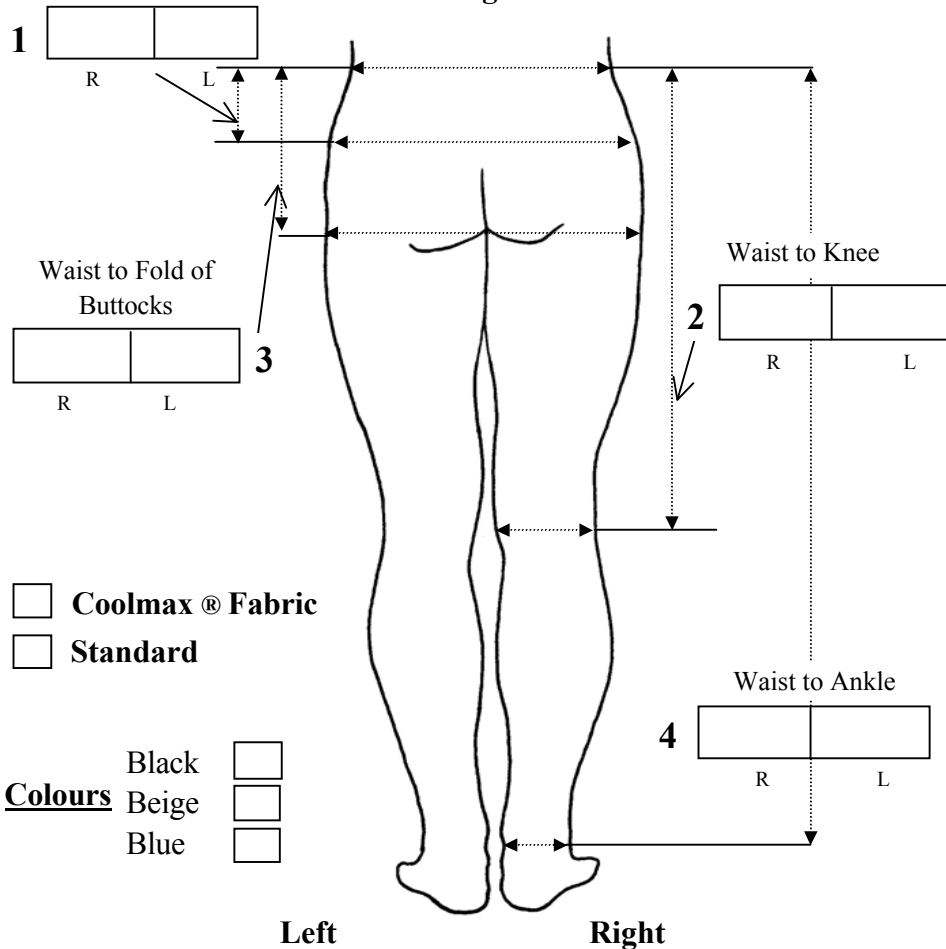
Measured by :

From Waist to Midpoint Between waist and Buttocks Fold

Lengths

GARMENT TYPE :

Circumferences



Coolmax® Fabric

Standard

Colours

Black

Beige

Blue

Left

Right

Right

Left