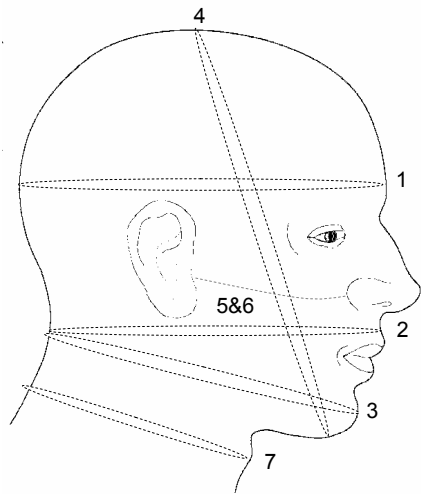


MEDICAL



From: _____
Date: ____/____/____
Patient: _____
Date of Birth: ____/____/____
Organization File No. _____
Medical Z File No. _____
Measured By _____ / _____

Comments: _____



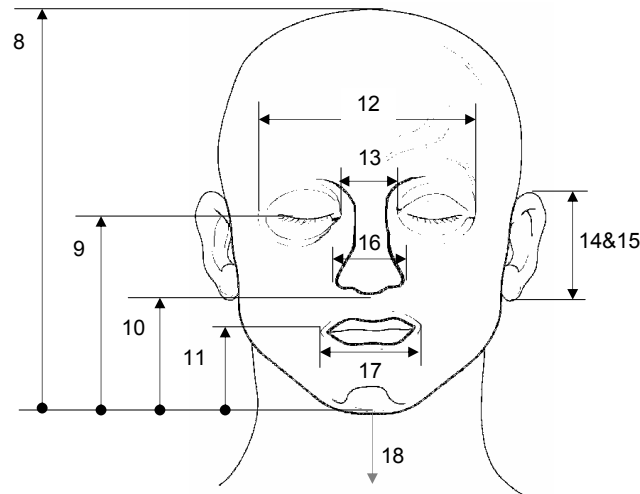
Coolmax
 Reg. Fabric

Circumferences

- 1. Above Eyebrows
- 2. Under Nose
- 3. Around Chin and Back of Neck
- 4. Under Chin & Top of Head
- 5. From Nostril to **Left** Ear
- 6. From Nostril to **Right** Ear
- 7. Neck Circumference

Lengths

- 8. Chin to Top of Head
- 9. Chin to Eyes
- 10. Chin to Nose
- 11. Chin to Mouth
- 12. Width of Eyes
- 13. Width Between Eyes
- 14. Length of Left Ear
- 15. Length of Right Ear
- 16. Width of Nose
- 17. Width of Mouth
- 18. Neck Length



Style

- Face Mask
- Open Face Mask
- Chin Strap
- Modified Chin Strap
- Neck Band
- Other

Color