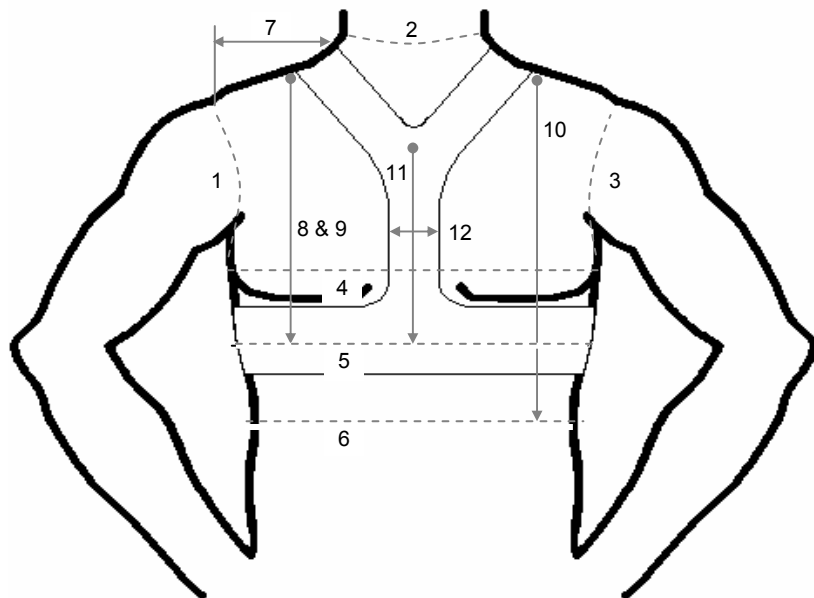


MEDICAL



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

Comments: _____



Circumferences

- 1. Right Shoulder Circumference
- 2. Neck Circumference
- 3. Left Shoulder Circumference
- 4. Chest Circumference at Axillars
- 5. Chest Circumference Beneath Breast
- 6. Circumference at End of Support

Lengths

- 7. Shoulder Width
- 8. Shoulder to Below Breast (Right)
- 9. Shoulder to Below Breast (Left)
- 10. Shoulder to End of Support
- 11. Length for Sternal Portion of
- 12. Width for Sternal Portion

- Coolmax**
- Reg. Fabric**

Color