

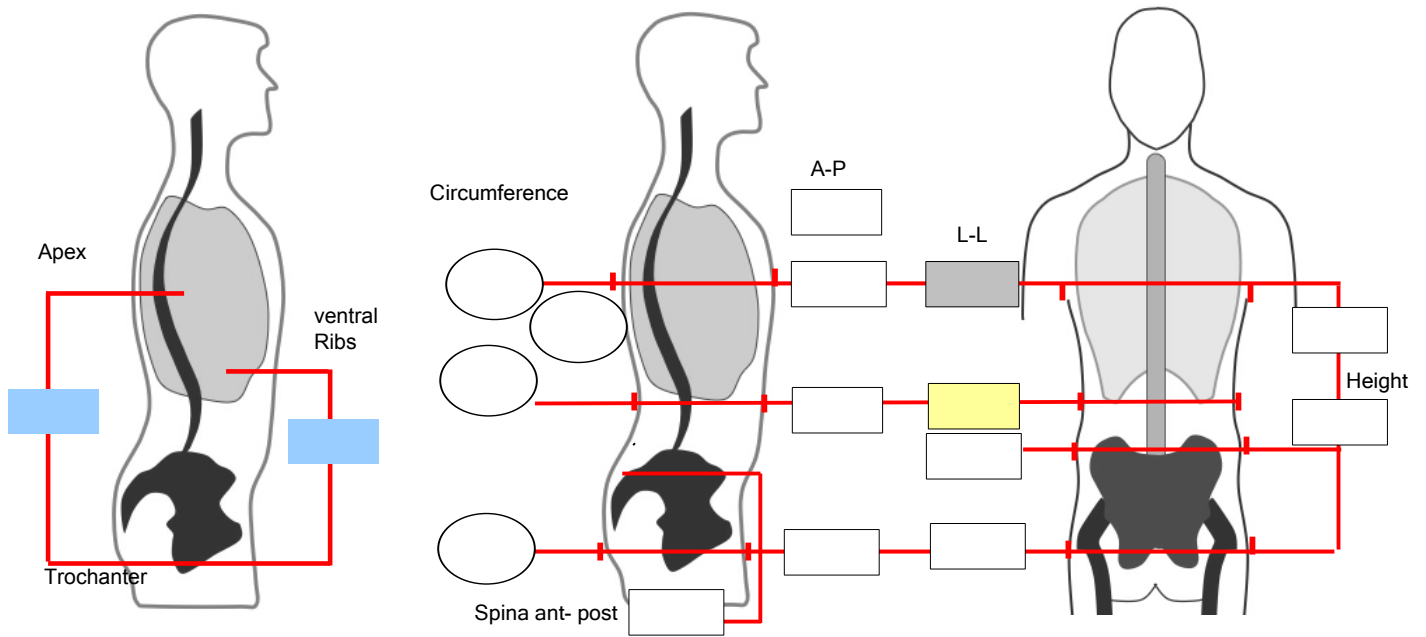
Order- sBrace

Date _____

Company _____
 Contact _____
 Customer No. _____
 Tel/Fax _____
 Email _____

Patient _____
 Weight _____
 Height _____
 Date of birth _____
 Diagnose _____
 Sex _____

Color _____



	dorsal Hight	ventral Hight	L-LBreast	L-LWaist
S	39	15-26	24-27	17-21
M	44	16-27	28-31	22-24
L	49	20-28	30-33	24-26
XL	52	21-28	32-35	26-28

Individual

_____ Standard Size

Comment

Checked _____