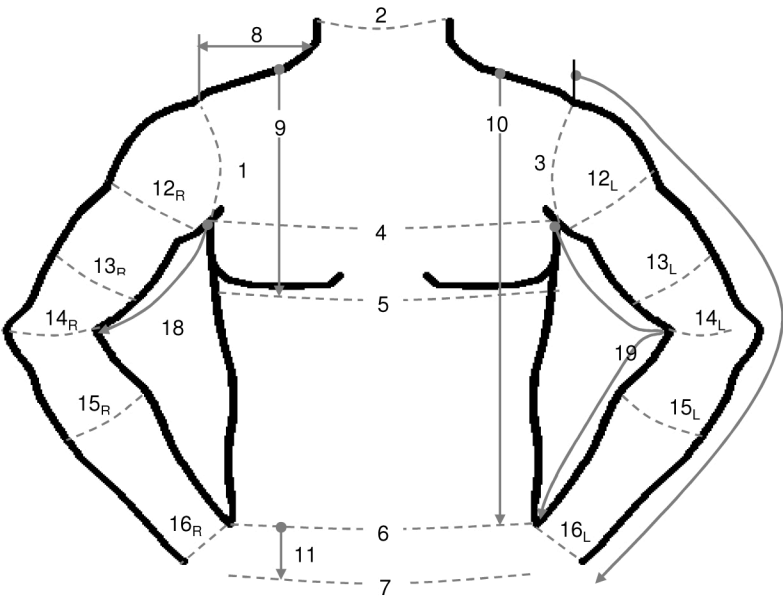




From: _____
Date: ____/____/____
Patient: _____
Date of Birth: ____/____/____
Sex: (Circle One) Male ☐ Female ☐
Organization File No. _____
Medical Z File No. _____
Measured By _____/_____/_____

Comments: _____



Torso Circumferences

	1. Right Shoulder
	2. Neck
	3. Left Shoulder
	4. Chest at Axilla
	5. Beneath Breast
	6. Waist
	7. End of Support

Torso Lengths

	8. Shoulder
	9. Shoulder to Beneath Breast
	10. Shoulder to Waist
	11. Waist to End of Support

Arm Circumferences

Right	Left

12. Axilla
13. Bicep
14. Elbow
15. Forearm
16. Wrist

Arm Lengths

Right	Left

17. Shoulder to Wrist (Outside)
18. Axilla to Elbow (Inside)
19. Axilla to Wrist (Inside)

Use the additional Options Vest Form

	Fresh Fabrics
	Coolmax
	Standard
	Color

Styles

	Vest with Long Sleeves
	Vest with Short Sleeves
	Vest with 1 Long and 1 Short Sleeve
	Sleeveless Vest
	Arm Sleeve with Breast Flap
	Sleeve
	Forearm Sleeve
	Other _____