

SPECIAL MANUFACTURING ORDER SUPPORT/BRA POST-MASTECTOMY.

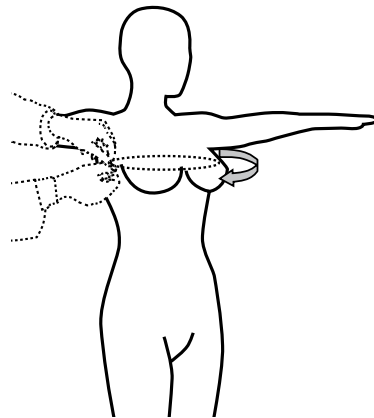
CUSTOMER/ORTHOPAEDIC SURGERY		ADDRESS	
TOWN		PROVINCE	
PATIENT		CONTACT	
REQUEST DATE		DOCTOR	
DISPENSING CENTRE			
TELEPHONE NO	FAX NO	YOUR REFERENCE / ORDER	FILE NO

Comments:

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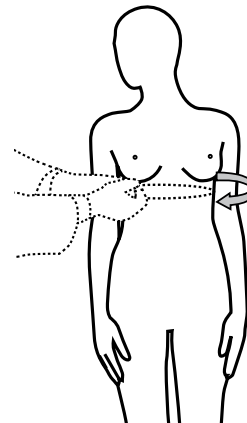
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TAKE MEASUREMENTS WITH BRA



Breast
(with bra)

1.



Under breast

2.

Contour measurements: measured tightly (.....)➔

Right

Left

Both

SIGNATURE AND STAMP: