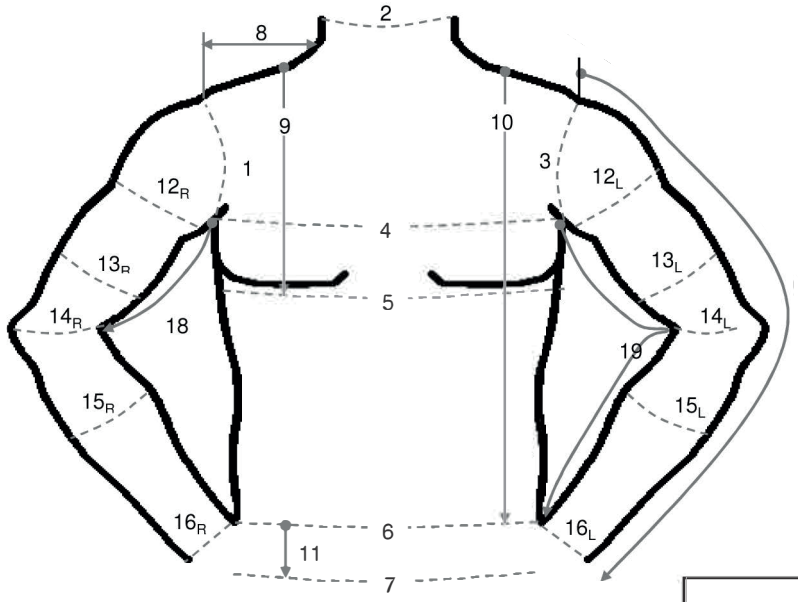
MEDICAL Z®

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

Comments: _____

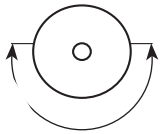
CUSTOM COMPRESSION GARMENTS FOR

☐ **LYMPHEDEMA**
☐ **VASCULAR SUPPORT**



Cup size: .....

Circumference over areolas: .....



Right: .....cm

Left: .....cm



Right: ..... cm

Left: ..... cm

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)

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 _____

☐ **Coolmax**

☐ **Color**

Use the additional Options Vest Form

All measurements are in centimeters to the nearest 10th