



Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_



**FACIAL/NECK PAD**  
 Measure & Order Form

**PRODUCT INFORMATION**

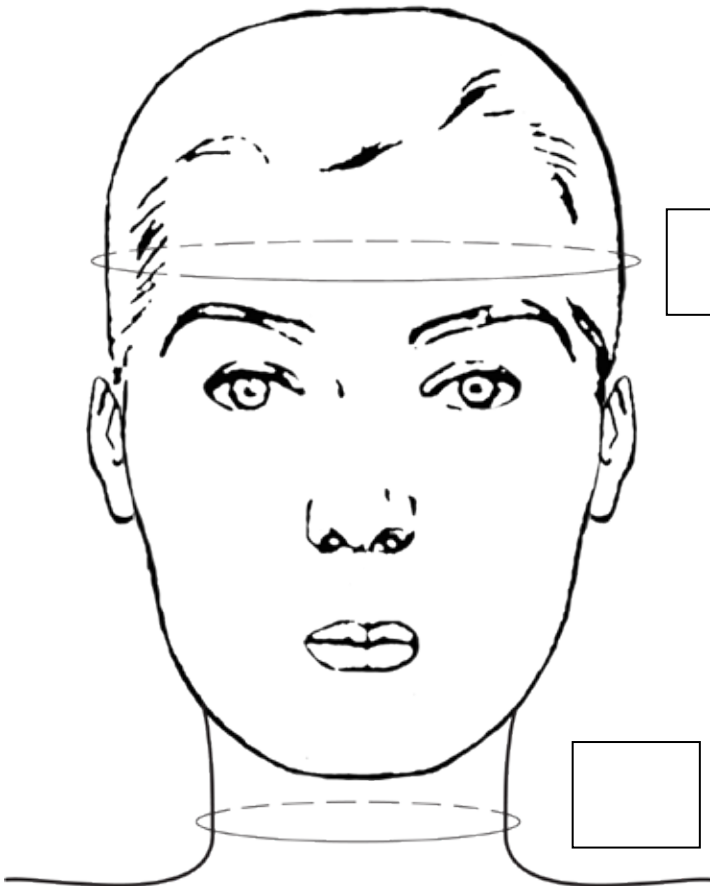
SIZE:  SMALL  MEDIUM  LARGE  X - LARGE

PAD:  Item #2940: Neck/Mandible  Item # 2950: Neck/Cranial

ACCESSORIES (additional cost):  Velcro extender (5cm additional circumferential range) Qty. \_\_\_\_\_

**SIZING CHART**

	SMALL	MEDIUM	LARGE	X - LARGE
Head Circumference	53 - 56	56 - 58	58 - 61	61 - 64
Neck Circumference	28 - 33	33 - 38	38 - 43	43 - 58



**Head Circumference**  
 (measure 1/2" above eye brow)

**Neck Circumference**  
 (measure at largest part of neck)