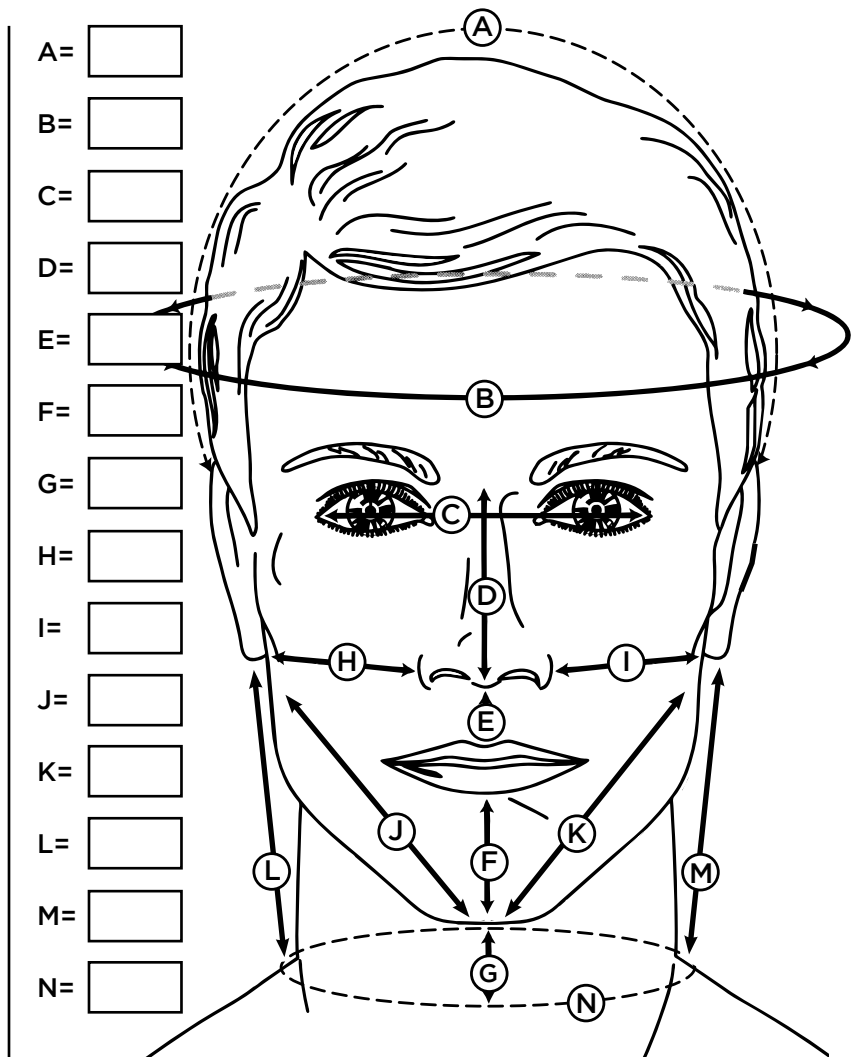




Please Measure in Centimeters

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



Denote with Hash Marks // // // Areas of Scarring or Fibrosis on Diagram.

QTY	UNIT
	Garment Code: FN-
	Garment Code: FN-
	Trach Modification (no additional charge)
Fabric Color	Tribute <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Royal Blue Outer Jacket <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Royal Blue

For Solaris Internal Usage:

Comments: _____

