

Maatwerk lipomed® shirt heren



Besteld door _____

Contactpersoon _____

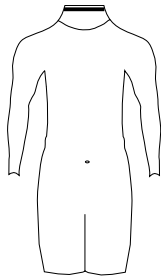
Adres _____

Postcode / Plaats _____

Telefoon _____

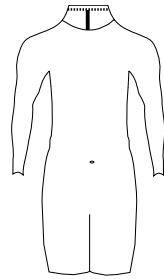
Gegevens patiënt _____

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3945 Ham
Belgium
T +32 11 24 25 60
F +32 11 24 25 64
info@medibelgium.be
www.medibelgium.be



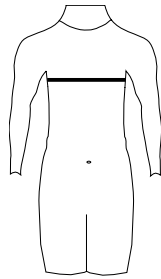
Hals
Omtrek hals

cT _____ cm*



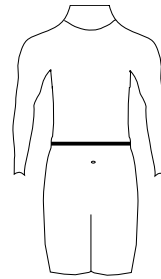
Halslijn
Gewenste diepte
halslijn

eT _____ cm*



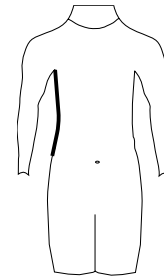
Borst
Omtrek van het
breedste deel
van de borst

cN _____ cm



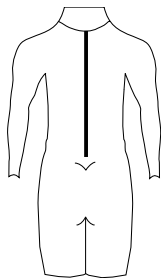
Taille
Omtrek taille

cM _____ cm*



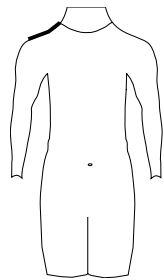
Zij
Zijlengte van
oksel tot taille

ePM _____ cm*



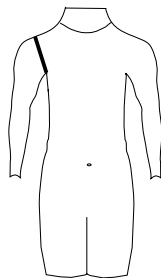
Rug
Ruglengte van
halslijn tot taille

eTM _____ cm*



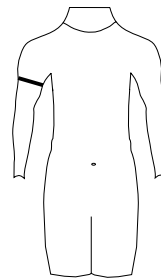
Schouder
Van halslijn tot het
eind van de schouder

eTP _____ cm*



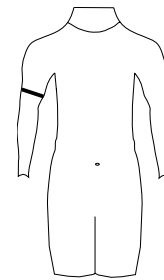
Okseholte
Omtrek van de
okseholte

cP _____ cm*



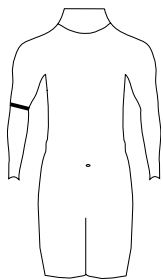
Bovenarm
Omtrek biceps,
proximaal

cQ _____ cm*



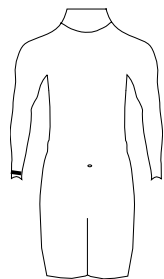
Biceps
Omtrek biceps,
midden

cR _____ cm



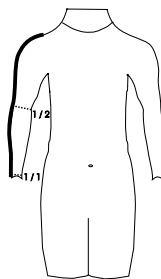
Elleboog
Omtrek elleboog
in licht gebogen
positie

cY _____ cm



Pols
Omtrek pols

cS _____ cm



Armlengte
Schouder tot
gewenste armlengte

ePY ^{1/2} _____ cm*

ePS ^{1/1} _____ cm*

*Lichaamsmaten = maten eindproduct

Gewenste leverdatum _____

medi. I feel better.