

# Spinomed® active men



customer \_\_\_\_\_

insurance company \_\_\_\_\_

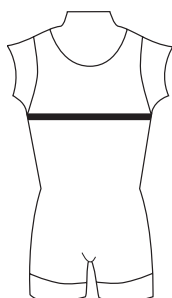
address \_\_\_\_\_

measured by \_\_\_\_\_

doctor \_\_\_\_\_

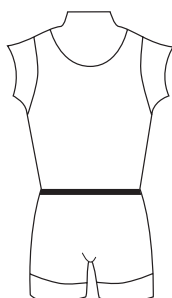
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 info@medibelgium.be  
 www.medibelgium.be

first treatment       further treatment  
without backbrace



**chest circumference**  
at the widest part  
of the chest

\_\_\_\_\_ cm



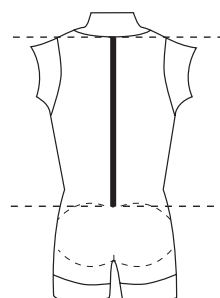
**waistline circumference**  
at waist

\_\_\_\_\_ cm



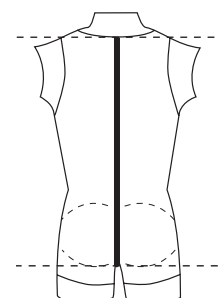
**hip circumference**  
at the widest part  
of the hip

\_\_\_\_\_ cm



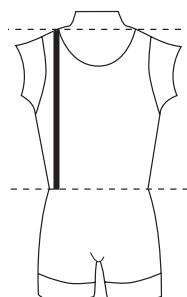
**length of the back I**  
C 7 to sacrum close  
fitting

\_\_\_\_\_ cm



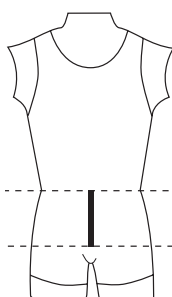
**length of the back II**  
close fitting from C7 to the widest  
part of the hip, then hanging  
vertically to the base of buttocks

\_\_\_\_\_ cm



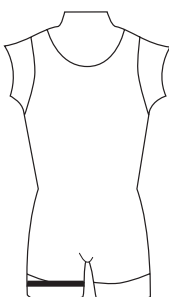
**length from middle of  
shoulder to waist**  
close fitting  
measurement

\_\_\_\_\_ cm



**length from waist  
to pubic bone**  
close fitting  
measurement

\_\_\_\_\_ cm



**circumference of thigh**  
measure the widest part of  
thigh

\_\_\_\_\_ cm

- regular back
- kyphosis
- hollow-back

- regular belly
- sagging belly
- pot belly

- regular bottom
- flat bottom
- large bottom

patient's height \_\_\_\_\_ cm

patient's age \_\_\_\_\_ years

patient's weight \_\_\_\_\_ kg

Commission (Please write legibly)

(Patient data will remain confidential following data security guidelines)

Comments: (e.g. additional diseases)

date \_\_\_\_\_

signature / seal \_\_\_\_\_

**medi. I feel better.**