

customer _____

insurance company _____

address _____

measured by _____

doctor _____

medi Belgium NV
 Staatsbaan 77/0099
 3945 Ham
 Belgium
 T +32 11 24 25 60
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 info@medibelgium.be
 www.medibelgium.be

Please measure while patient is wearing a bra

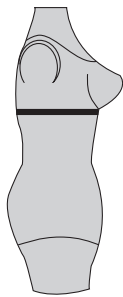
For Spinomed active without cup only the measurements in grey are necessary

Colour black champagne

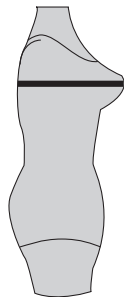
with cups without cups

gusset fastening:
 hooks / eyes velcro / coating

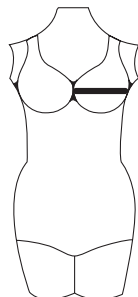
first treatment further treatment without backbrace



below chest circumference
 just below the breast
 _____ cm



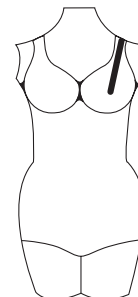
chest circumference
 over the widest part of the breast
 _____ cm



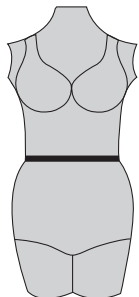
breast horizontally
 from one side of the breast over the middle to the end of the breast
 _____ cm



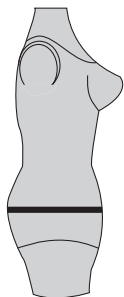
breast vertically
 from below breast to the acromioclavicular joint
 _____ cm



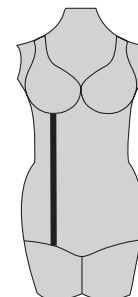
shoulder breast
 close fit from middle of shoulder to middle of breast
 _____ cm



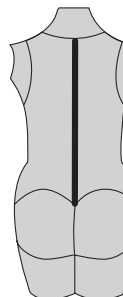
waistline
 circumference of waist
 _____ cm



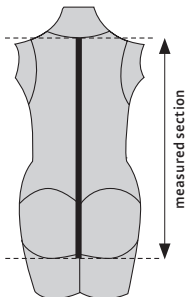
hip circumference
 at the widest part of the hip
 _____ cm



frontal height
 below breast to thigh crease
 _____ cm



length of the back I
 from C7 to sacrum following the contour of the spine
 _____ 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

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
 size of bra _____

Commission (Please write legibly)

(Patient data will remain confidential following data security guidelines)

Comments: (e.g. additional diseases)

date _____ signature / seal _____