

customer \_\_\_\_\_

address \_\_\_\_\_

doctor \_\_\_\_\_

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

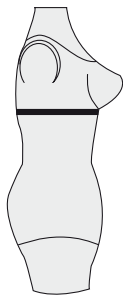
measured by \_\_\_\_\_ Stamp \_\_\_\_\_

**medi GmbH & Co. KG**  
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 95448 Bayreuth  
 Germany  
 T +49 921 912-0  
 F +49 921 912-783  
 export@medi.de  
 www.medi.de/en

## Please measure while patient is wearing a bra

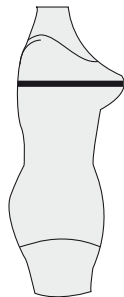
For Spinomed active without cup only the measurements in grey are necessary

with cups   
  without cups   
 gusset fastening:  hooks/eyes   
 velcro/coating   
 first treatment   
 further treatment without backbrace



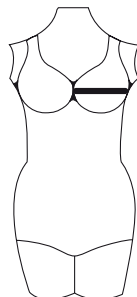
**below chest circumference**  
 horizontally just below the breast

\_\_\_\_\_ cm



**chest circumference**  
 horizontally over the widest part of the breast

\_\_\_\_\_ cm



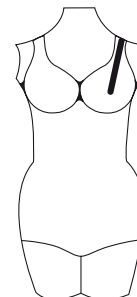
**breast horizontally**  
 from one side of the breast over the middle to the end of the breast

\_\_\_\_\_ cm



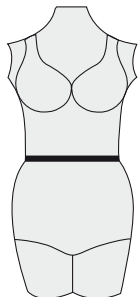
**breast vertically**  
 from below breast to the acromastium

\_\_\_\_\_ cm



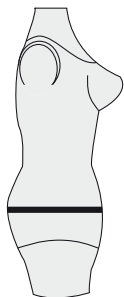
**shoulder breast**  
 close fit from middle of shoulder to middle of breast

\_\_\_\_\_ cm



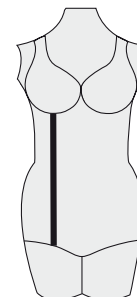
**waistline**  
 circumference of waist

\_\_\_\_\_ cm



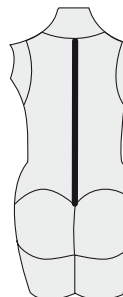
**hip circumference**  
 at the widest part of the hip

\_\_\_\_\_ cm



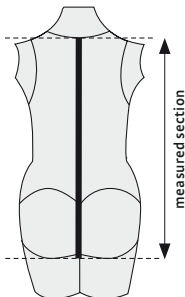
**frontal height**  
 below breast to thigh crease

\_\_\_\_\_ 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

normal back   
 normal belly   
 normal bottom   
 patient's height    \_\_\_\_\_ cm  
 kyphosis   
 sagging belly   
 flat bottom   
 patient's age    \_\_\_\_\_ years  
 hollow-back   
 pot belly   
 large bottom   
 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 \_\_\_\_\_