

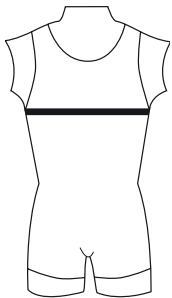
Spinomed® active men

customer _____
address _____
doctor _____
insurance company _____
measured by _____

Stamp _____

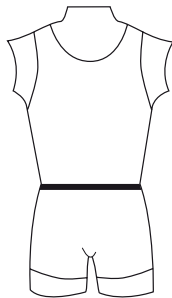
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first treatment further treatment
without backbrace



chest circumference
at the widest part
of the chest

_____ cm



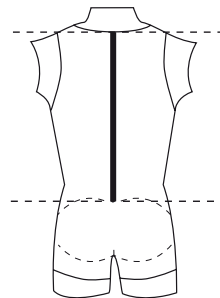
**waistline
circumference**
at waist

_____ cm



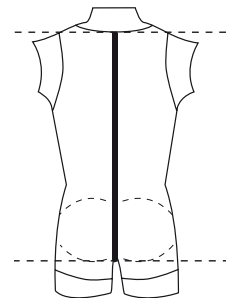
hip circumference
at the widest part
of the hip

_____ cm



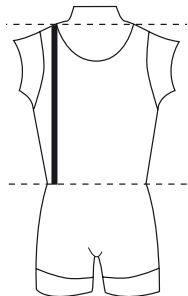
length of the back I
C7 to sacrum close
fitting

_____ cm



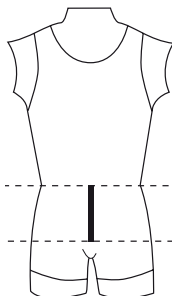
length of the back II
close fitting from C7 to the widest
part of the hip, then hanging
vertically to the base of buttocks

_____ cm



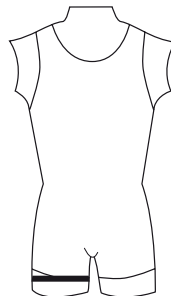
**length from middle of
shoulder to waist**
close fitting
measurement

_____ cm



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

_____ cm



circumference of thigh
measure the widest part of
thigh

_____ cm

normal back
 kyphosis
 hollow-back

normal belly
 sagging belly
 pot belly

normal 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.