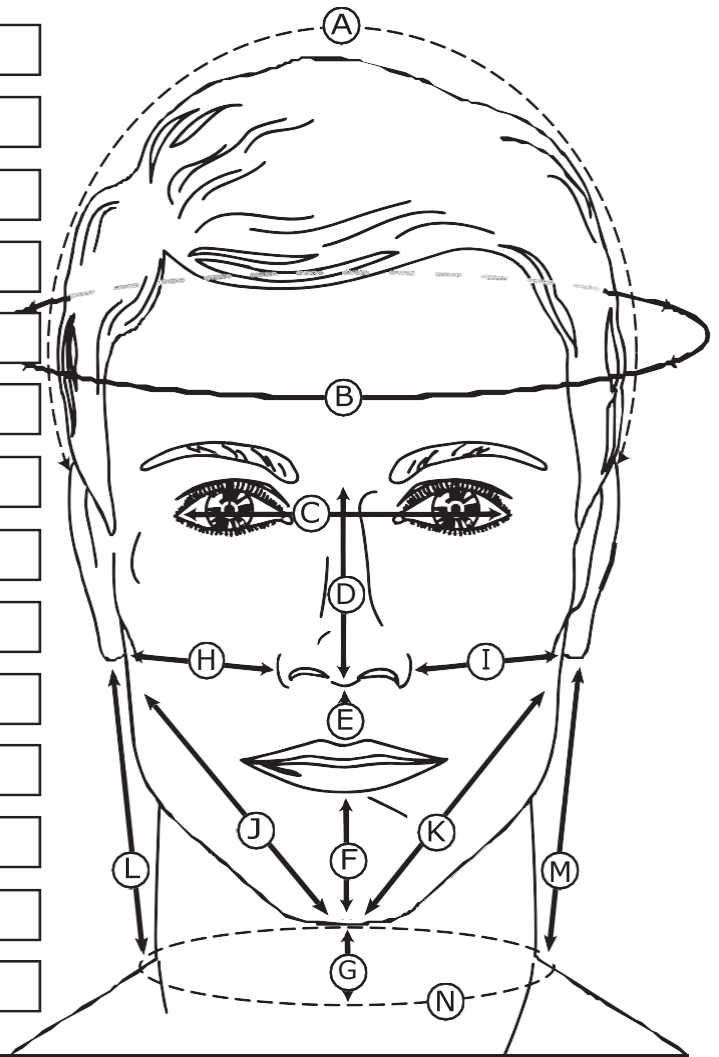


Please Measure in Centimeters

Patient Last Name: _____
 Patient First Name: _____
 Fitter Last Name: _____
 Fitter First Name: _____
 Fitter Title: _____ (ex: PT/OT/PTA)
 Date: _____
 For Solaris Internal Usage: _____

A=
 B=
 C=
 D=
 E=
 F=
 G=
 H=
 I=
 J=
 K=
 L=
 M=
 N=



Denote with Hash Marks / / / / Areas of Scarring or Fibrosis on Diagram.

QTY	UNIT
	Garment Code: FN-
	Garment Code: FN-
	Trach Modification (no additional charge)
Fabric	Tribute <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Blue
Color	Outer Jacket <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Teal <input type="checkbox"/> Maroon <input type="checkbox"/> Blue

Comments: _____

Fax to **443-455-1402**