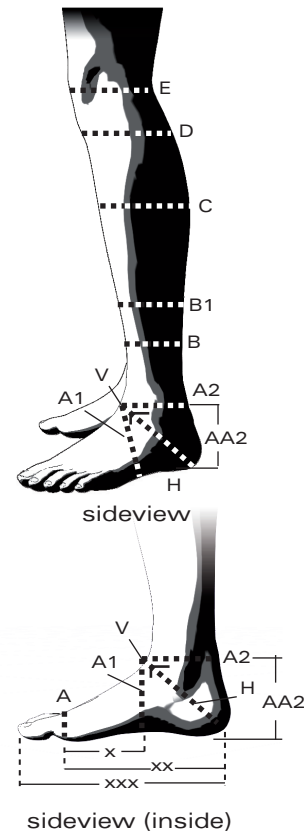
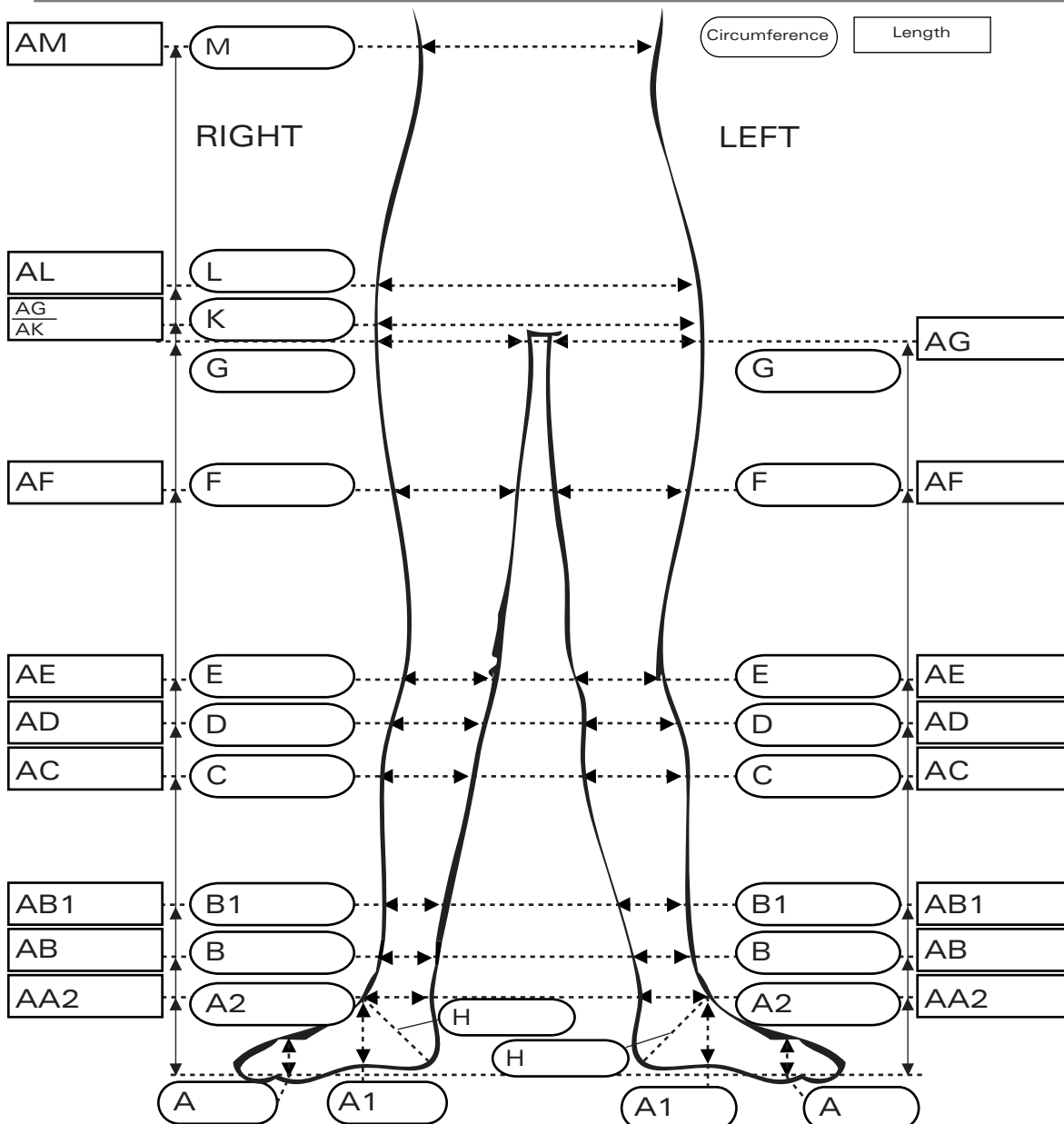


Name patient		Date of Birth	Gender	Date of Measuring
		.. / .. / ..	<input type="checkbox"/> m <input type="checkbox"/> f	.. / .. / 201 ..
Measured by	Signature	Contact Person	Department	



Right	Left
x	x
xx	xx
xxx	xxx

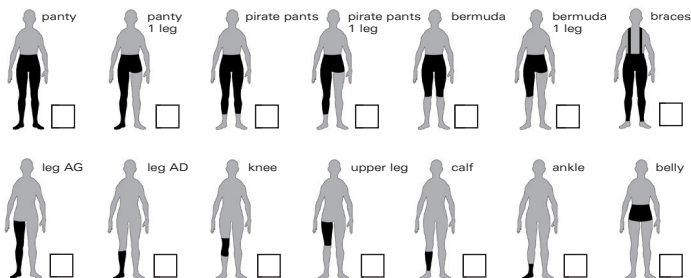
COMFORT	CO01 skin/skin	CO02 skin/black	CO03 black/black	SILICONE	SI01 skin	SI02 black	
STRONG	ST01 skin/skin	ST03 black/black	ST06 blue/black	ST08 green/black	ST09 red/skin	ST10 red/black	
STRONG	ST11 pink/skin	ST14 bordeaux/black	ST16 grey/black	ST17 light grey/skin	ST18 light grey/black	ST19 navy blue/skin	ST20 navy blue/black

**Options:**

- toes open (xx)
- toes closed (xxx)
- bellypiece without pressure
- with anti-slip ribbon
- symbol girl
- symbol boy
- open zipper
- men zipper
- zipper on front
- zipper on side
- waist drawstring
- braces length: .....

! standard without zipper

**Executions:**



Remarks: .....