

Naam patiënt		Geboortedatum	Geslacht	Datum opmeting
		... / ... / ...	<input type="checkbox"/> m <input type="checkbox"/> v	... / ... / 201 .
Opgemeten door	Handtekening	Snelste contactmogelijkheid	Dienst	

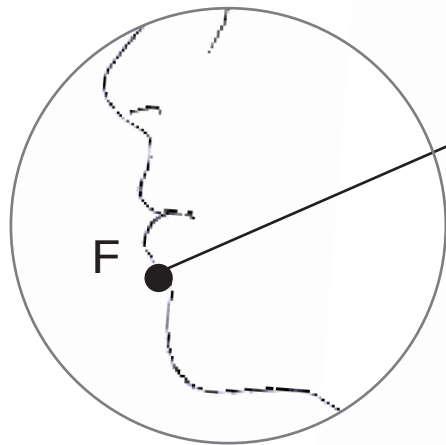
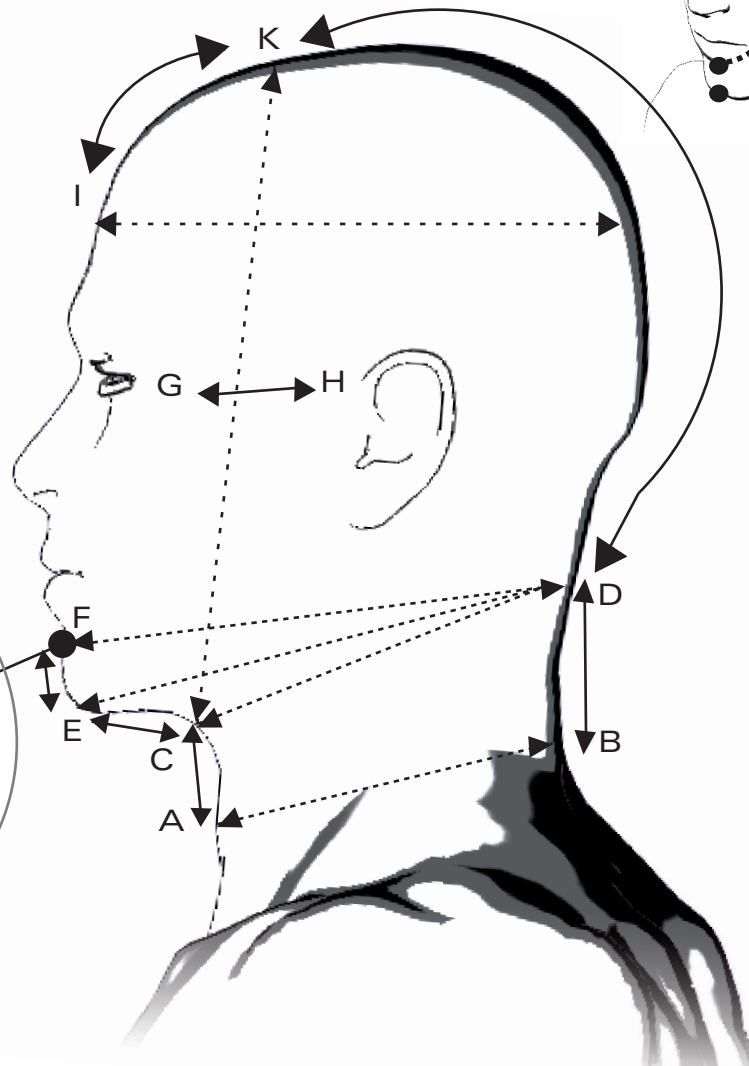
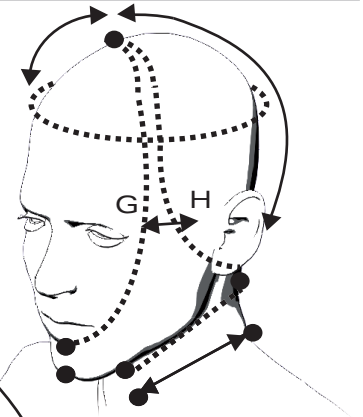
Omvang

Lengte

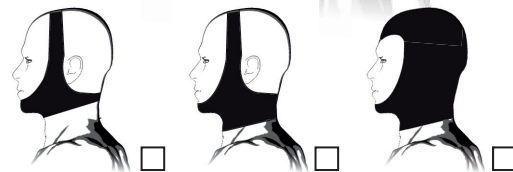
- |     |    |
|-----|----|
| AB  | AC |
| CD  | CE |
| ED  | EF |
| FD  | BD |
| KCK | GH |
| H*  | KD |
| I   | IK |

! maten in cm

\* H links over ogen naar H rechts



<input type="checkbox"/>	POLYAMIDE	<input type="checkbox"/>	SILICONE



Opmerkingen:.....

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