

PATIENT ID:

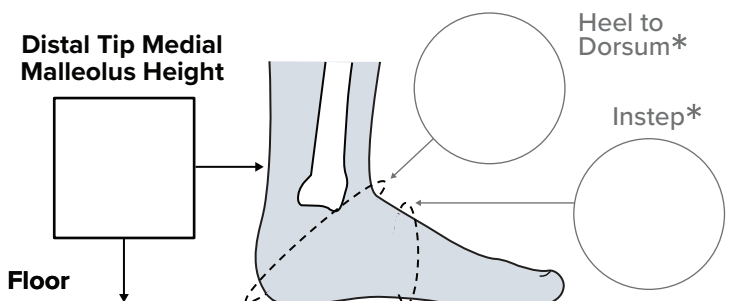
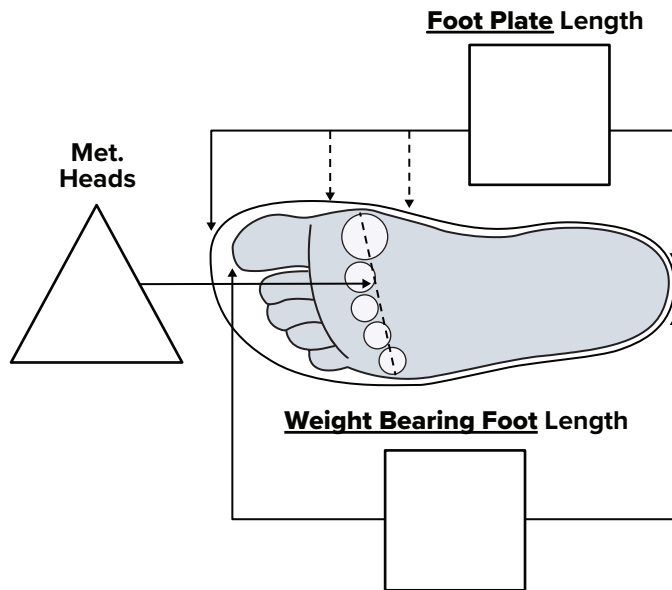
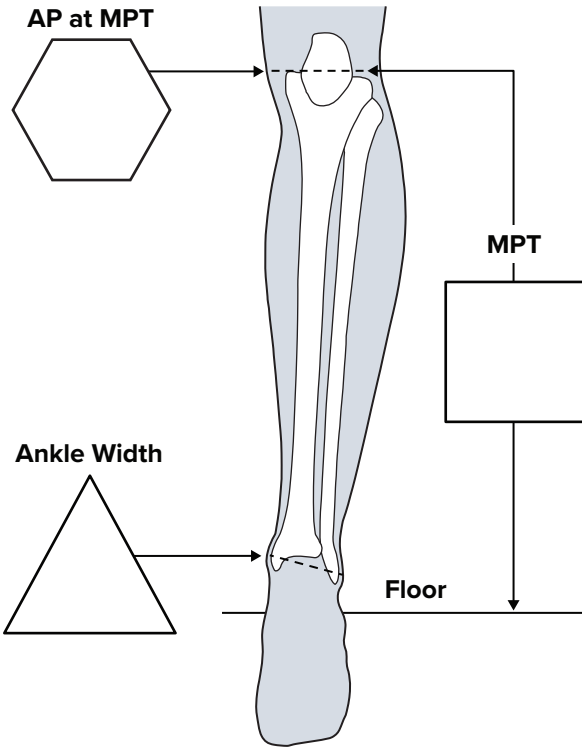
(first initial) _____ (last name) _____

Scan to access jot form



MEASUREMENTS

NOTES



* Required Measurements for Circumferential or Dorsal Wrap Designs