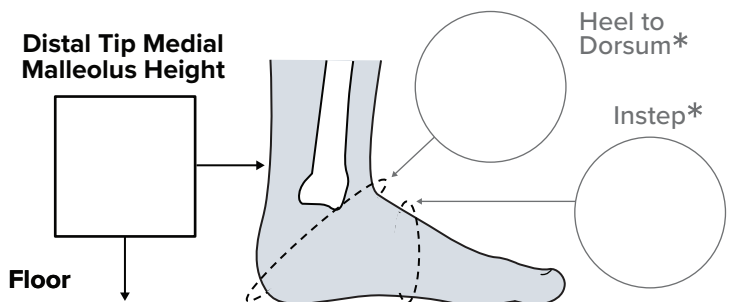
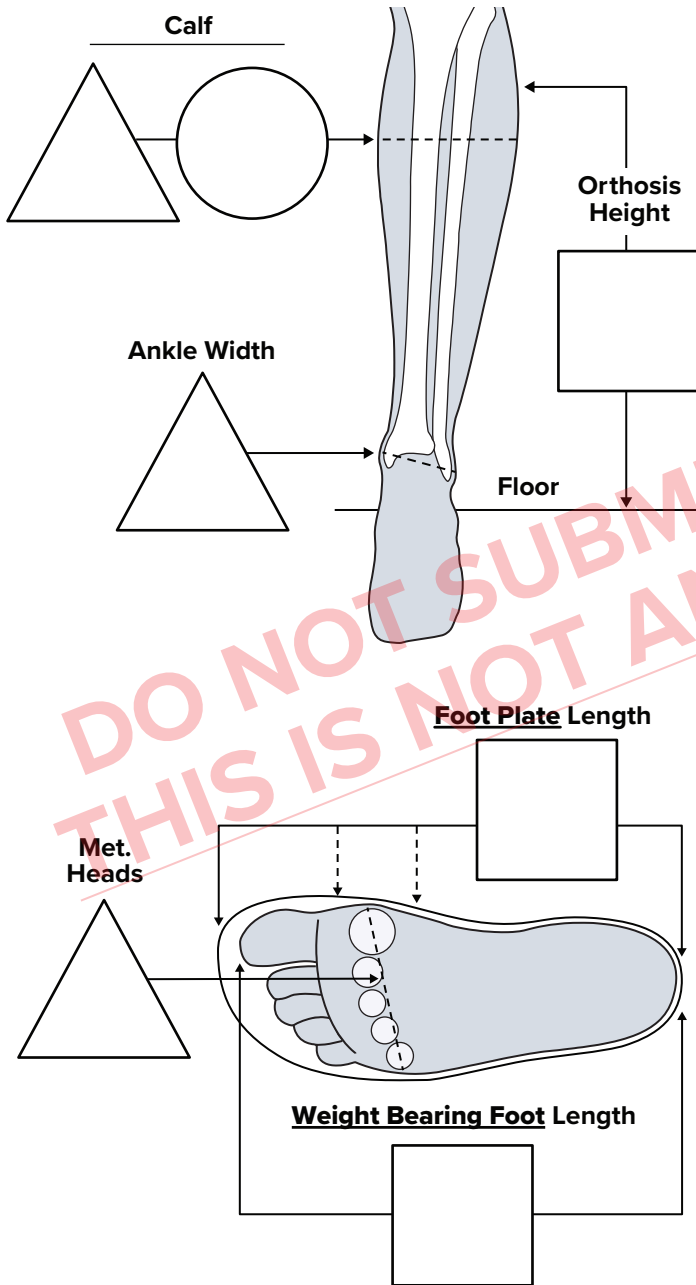


This is not the work order. **DO NOT SUBMIT THIS SHEET.** After recording your measurements complete the online work order form at hangerfabrication.com or scan the QR code to the right.

PATIENT ID: (first initial) _____ (last name) _____

MEASUREMENTS

NOTES



* Required Measurements for Circumferential or Dorsal Wrap Designs