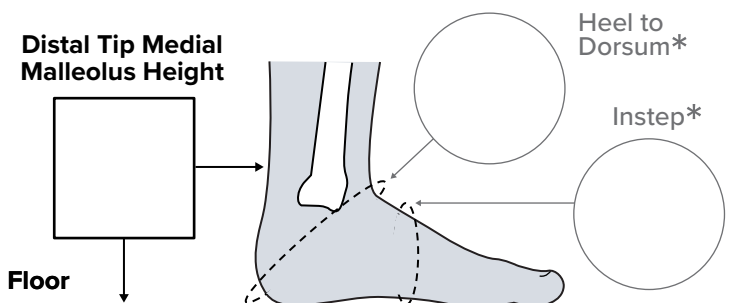
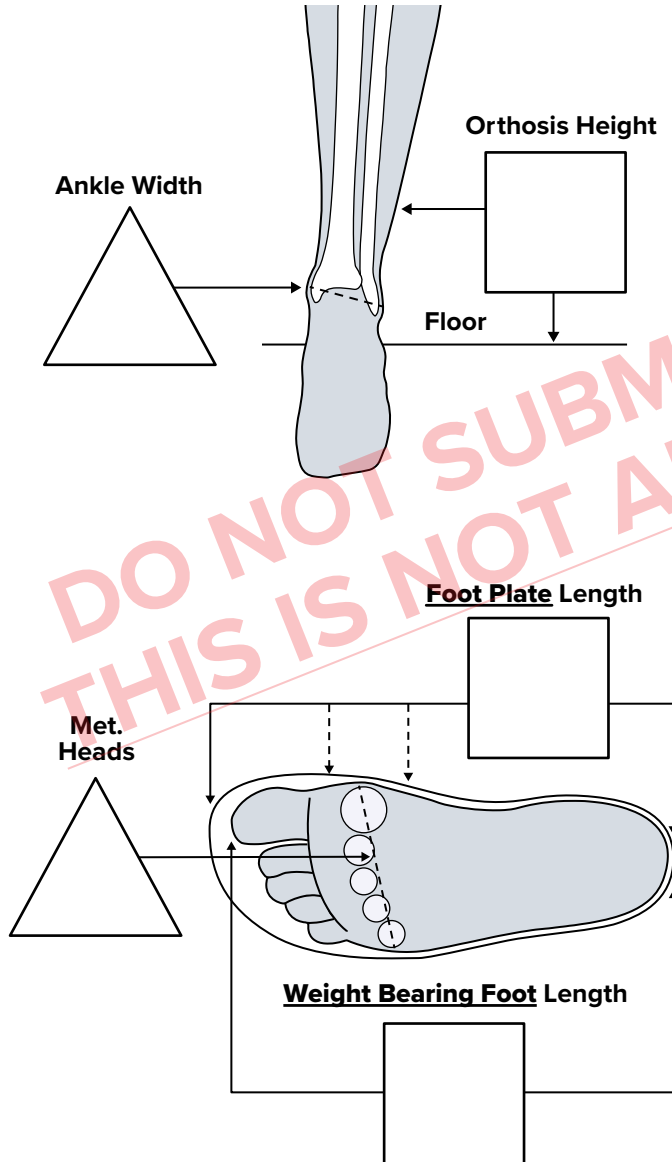


This is not the work order. DO NOT SUBMIT THIS SHEET. After recording your measurements complete the online work order form at hangerfabrication.com or scan the QR code to the right.

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

MEASUREMENTS

NOTES



* Required Measurements for Circumferential or Dorsal Wrap Designs