

Patient's name:

FIRST NAME:

M  F

Applicator :

Establishment:

Measure date:

Delivery date:

AGE :

WEIGHT:

HEIGHT:

Bivalve Corset

Mono Valve Corset

Stuffing.....mm

Fracture: .....(Level)

Lumbago :

Refill : (Level)

Buttock :

Stomach :

Chest :

lordosis :

Flat

Flat

Weak

delordosis

Normal

Stuck out

medium

hyper

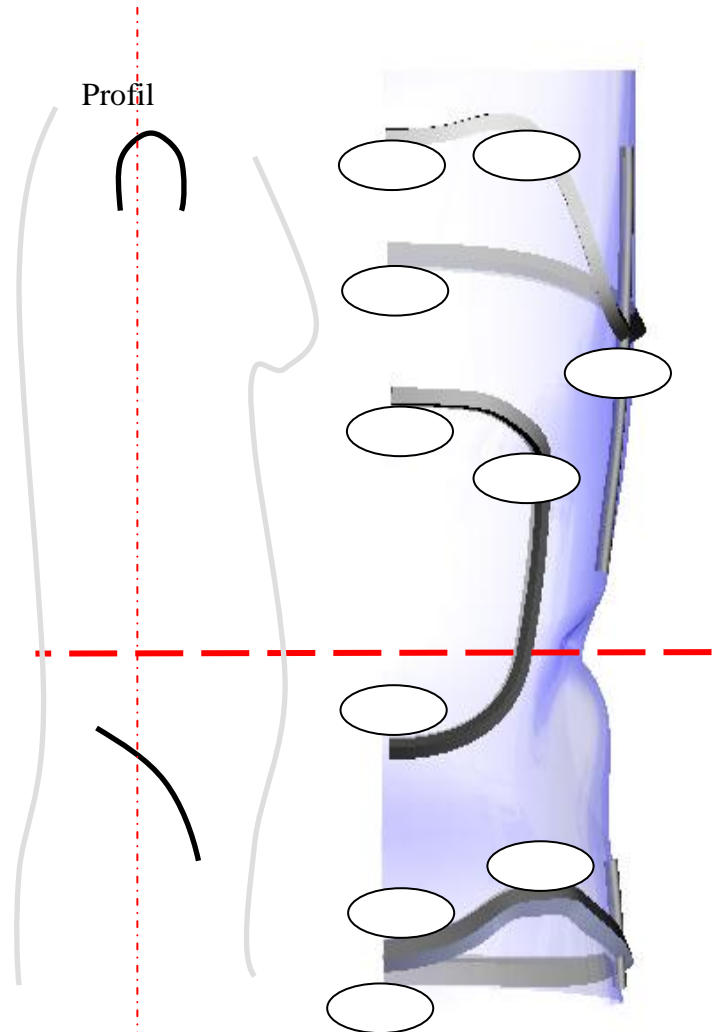
Strong

Stuck out ++

Strong

physio

	Circumference	Anterio-posterior	Diameter of face	Height
Clavicle				
Chest				
Xiphoid				
Pince Height				
EIAS				
trochanter				



COMMENTS: