

Stimwear Measurement Form

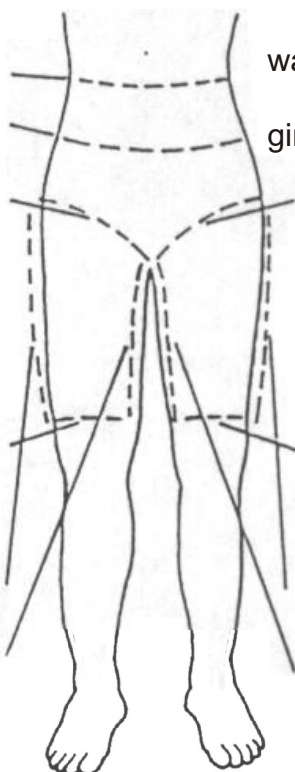
Complete all the requested information in the measurement form below. Measurements are in centimeters. Patient should be in the sitting position.

PLEASE INCLUDE A SIGNED PHYSICIAN'S PRESCRIPTION SHEET WITH THIS FORM

Send completed forms to:

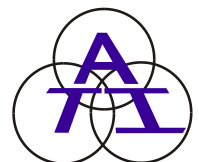
Therapeutic Alliances Inc.
333 N. Broad Street
Fairborn, Ohio 45324

Patient Name _____ Date _____



1. _____ cm waist
2. _____ cm girth
3. right _____ cm 3. left _____ cm
4. right _____ cm 4. left _____ cm
5. right _____ cm 5. left _____ cm
6. right _____ cm 6. left _____ cm

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