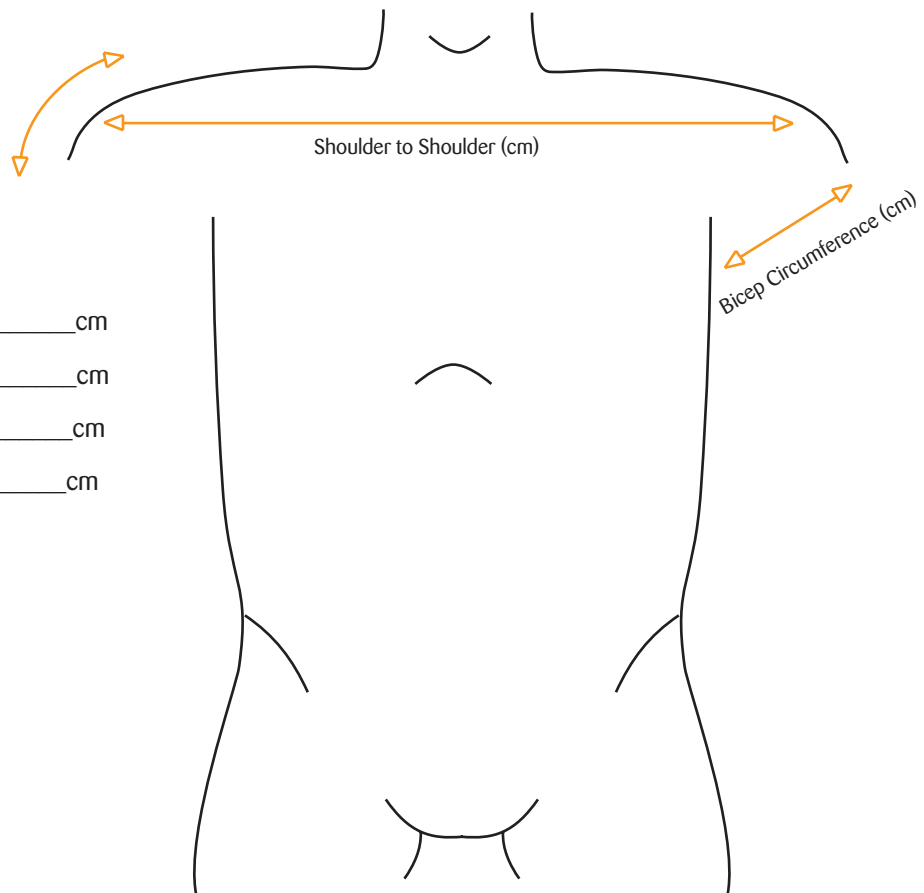


Specials - Shoulder

Made-to-measure product

Measurements:



Shoulder to bicep _____ cm
Shoulder to shoulder _____ cm
Bicep _____ cm
Chest measurement _____ cm

Order Information	
Order Number:
Preferred delivery date:
Date of Order:
Hospital Name:
Product:
Options:
Left	<input type="checkbox"/>
Right	<input type="checkbox"/>
Additional Info/Instructions:

