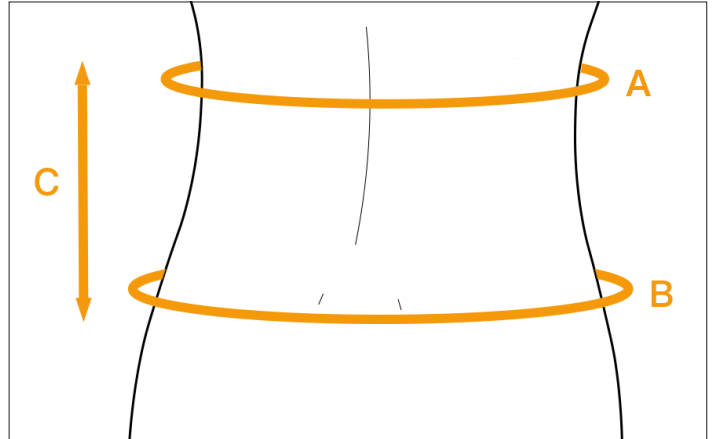


# MADE TO MEASURE FORM Custom Belt

NB: To meet Medical Device Regulations It is the responsibility of the suitably qualified Health Practitioner to provide full specification/design criteria for a Custom Made Medical Device.

## Measurements

- A** Waist circumference (mm)
- B** Hip circumference (mm)
- C** Depth (mm)



## Product Information

- Product Based on**
- Material**
- Fasten** Left  Right
- Fulcrum** Left  Right  Center
- Lay on Fastening** Yes  No
- Number of Straps**

## Additional Instructions

## Order Information

- Order number**
- What condition/s is the brace for**
- 
- Patient Name**
- Hospital**
- Department**
- Email**

Please complete this form and send it along with your purchase order to our customer service team at: [info@beagleortho.com](mailto:info@beagleortho.com)