

# MADE TO MEASURE FORM Custom Collar

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** Back depth (mm)

**B** Side depth 1 (mm)

**C** Side depth 2 (mm)

**D** Front depth (mm)

**E** Neck circumference (mm)

please note: We will add 100mm to accommodate design fit

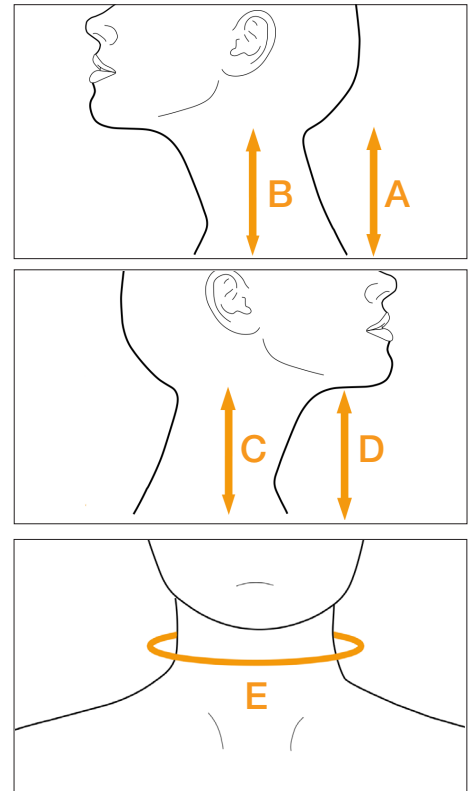
## Product Information

**Reinforced Panel** Yes  No

**Colour** Black  White

**Cotton Cover\*** Yes  No

\*Stockinette cover as standard



## 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)