



Order No.

20 Days Delivery Guarantee

Form F-039 - Face Mask & Chin Strap







Date Measured

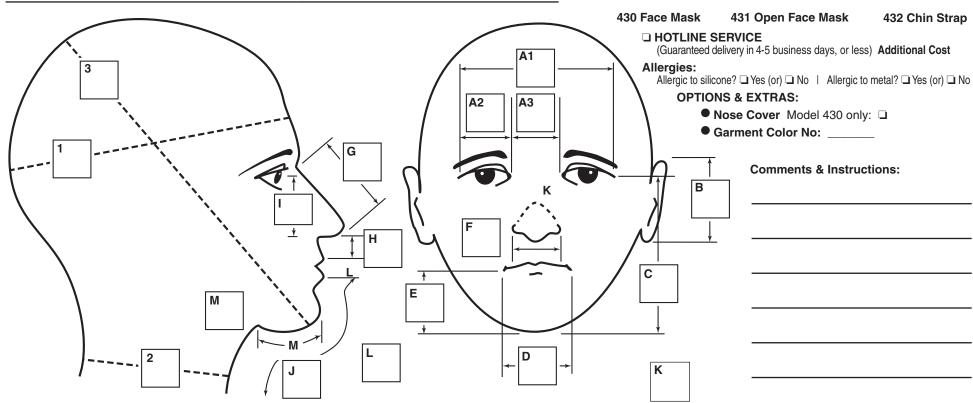
Patient Name

Measured by **Telephone**

Clinic / Hospital E-mail

431 Open Face Mask

432 Chin Strap



PLEASE CHECK ONE:

- □ Burn
- **□** Lymphedema
- 1. Circumference above eyebrows
- 2. Circumference of neck
- 3. Circumference point of chin around to crown of head
- A1. Width of both eyes
- A2. Width of one eye
- A3. Width between eyes
- B. Length of ear
- Length chin to eye center plane
- D. Width of mouth

- Length chin to mouth at corner
- Width of nose
- G. Length of nose
- Length bottom of nose to top of lip.
- Length nostril to eye center plane
- J. Contour bottom of lip to desired neck length
- Contour across nose at tip for nose cover
- Width of Lips (top to bottom)
- M. Contour chin to neck

comments & l	Instructions:
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☐ Check this box if there are instructions on other side