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 Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Date: _____

CHIPVEST CUSTOM

PRODUCT INFORMATION

Channeling

FULL (Bilateral) LEFT SIDE (Unilateral) RIGHT SIDE (Unilateral)

Item # **2239-VS**

STEP ONE

Measure the **Length** in centimeters from the Suprasternal Notch to the waist.

STEP TWO

Measure **Circumferences** in centimeters.

