



Absolute Medical. 1843 W Hubbard St #2A
 Chicago, IL 60622
 Tel: 312 233 2207 Fax: 866 860 9358
 To Order Online: orders@absolutemedical.com
 Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Date: _____

Torso Order Form

Quote Only

Date taken: ___ / ___ / ___

Garment Design

Style TT - _____
 Breast Tissue Turgor:
 Firm Moderate Drape Lax

Channeling Chevron (Design consult needed) Vertical

Profile Original Low

Color Black Blue Purple Raspberry Slate

Modifications

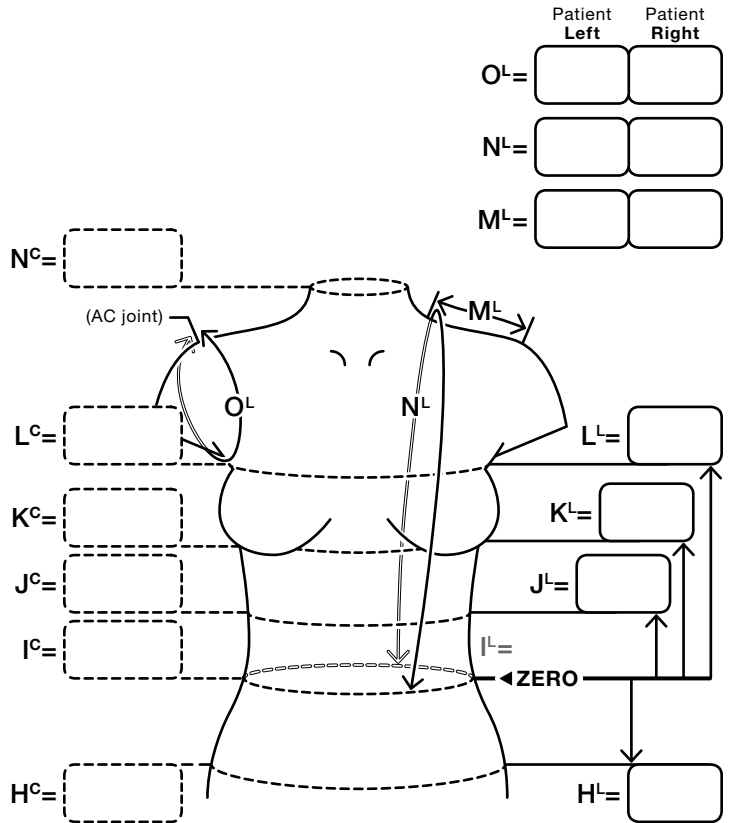
QTY.	Notes/Placement Instruction
___ Zippers
___ Closure (VELCRO® brand)
___ Adjustable panels (VELCRO® brand)
___ Snap tape

Special Instructions:

Exact Reorder of Order #: _____

Measurements

(All measurements in centimeters)



	Patient Left	Patient Right
O ^L =	<input type="text"/>	<input type="text"/>
N ^L =	<input type="text"/>	<input type="text"/>
M ^L =	<input type="text"/>	<input type="text"/>