

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

1 ~~BOBT~~BNF _____
~~BS~~BTBNF _____ ~~BS~~ First Name: _____
~~BE~~ _____

COMPREVEST

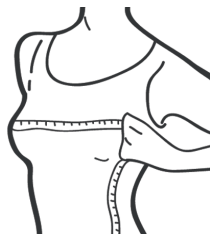
PRODUCT INFORMATION

Color <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	Accessories (Additional cost)	
Size	<input type="checkbox"/> CHIP PAD HALF (breast to under arm, see page 52)	Color <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE
Item #	<input type="checkbox"/> CHIP PAD FULL (breast to spine, see page 52)	Color <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE
	<input type="checkbox"/> DRAIN TUBE POCKET (see page 52)	Color <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE

STEP ONE

Measure the circumference at the fullest part of bust.

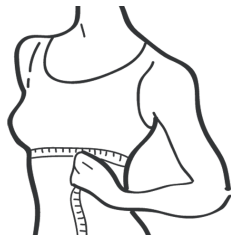
BUST SIZE



STEP TWO

Measure the circumference in inches directly under the bust (where a regular bra sits).

BAND SIZE



STEP THREE

Determine the **Cup Size**: subtract the **Band** from the **Bust**.

CUP SIZE

2" or less = **A/B**

2" - 4" = **C/D**

4" - 6" = **DD/DDD**

COMPREVEST SIZING CHART

	SMALL	MEDIUM	LARGE	XLARGE	XXLARGE
BAND SIZE	28-30in	32-34in	36-38in	40-42in	44-46in
BLACK					
A/B	2201-BRR-A	2202-BRR-A	2203-BRR-A	2204-BRR-A	2205-BRR-A
C/D	2201-BRR-C	2202-BRR-C	2203-BRR-C	2204-BRR-C	2205-BRR-C
DD/DDD	2201-BRR-D	2202-BRR-D	2203-BRR-D	2204-BRR-D	2205-BRR-D
WHITE					
A/B	2281-BRR-A	2282-BRR-A	2283-BRR-A	2284-BRR-A	2285-BRR-A
C/D	2281-BRR-C	2282-BRR-C	2283-BRR-C	2284-BRR-C	2285-BRR-C
DD/DDD	2281-BRR-D	2282-BRR-D	2283-BRR-D	2284-BRR-D	2285-BRR-D