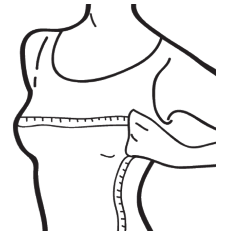


Patient Name:	Contact Name:
Account Name:	Account #:
Account Phone #:	P.O. #:
Ship Name & Address:	Date:

## Step One

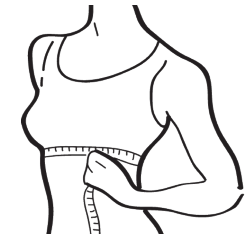
Measure the circumference in inches at the fullest part of bust.



**Bust Size**

## Step Two

Measure the circumference in inches directly under the bust.



**Band Size**

## Step Three

Determine the cup by subtracting the band from the bust.

**Cup Size**

2" or less = **A/B**  
 2" - 4" = **C/D**  
 4" - 6" = **DD/DDD**

### Product Information

Product includes one Comprevest.

Comprevest      Cup Size:      Item #:  
 Color:  Black  White      Band Size:      Quantity:

### Companion Products (sold separately)

Chip Pad Bra Half      Item #:  
 Color:  Black  White      Quantity:  
 Chip Pad Bra Full      Item #:  
 Color:  Black  White      Quantity:  
 Drain Tube Pouch      Item #:  
 Color:  Black  White      Quantity:

**Caution:** Elastic band contains natural rubber latex.

### Comprevest Size Chart

		Small	Medium	Large	X Large	XX Large
	Band Size	28-30in	32-34in	36-38in	40-42in	44-46in
	Cup Size					
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

A PDF of this order form can be found online at: [sigvaris.group/mceforms](http://sigvaris.group/mceforms) or scan here:

