

Purchase Order No _____ Date _____ Fitter's Phone No. _____

Ordered by _____ Patient _____ Age _____

Street _____ Ship to _____

City _____ State _____ Zip _____

Street _____

City _____ State _____ Zip _____

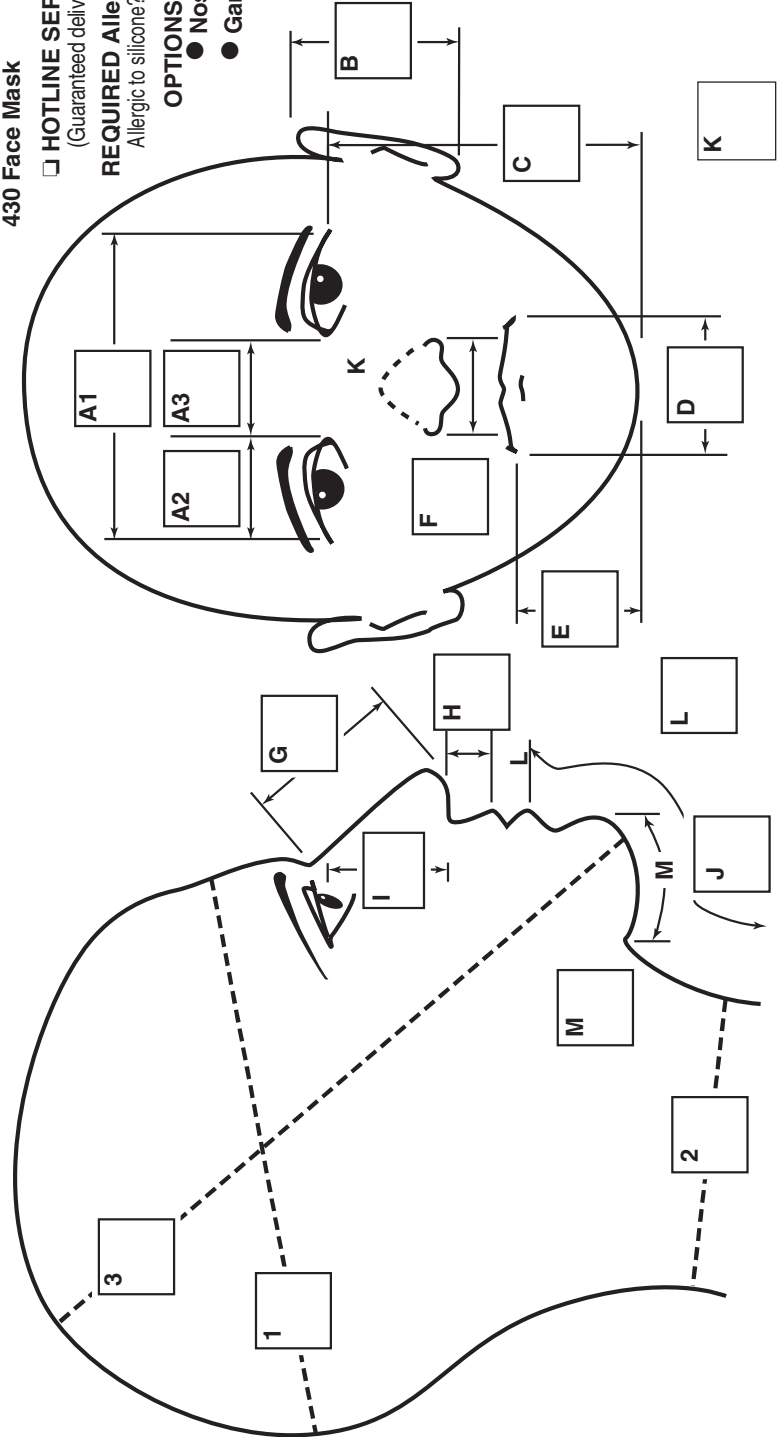
Filter _____

430 Face Mask **431 Open Face Mask** **432 Chin Strap**

HOTLINE SERVICE
(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

REQUIRED Allergies:
Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

OPTIONS & EXTRAS:
● **Nose Cover** Model 430 only:
● **Garment Color No:** _____



Comments & Instructions:

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

C. Length — chin to eye center plane

D. Width of mouth

E. Length — chin to mouth at corner

F. Width of nose

G. Length of nose

H. Length — bottom of nose to top of lip.

I. Length — nostril to eye center plane

J. Contour — bottom of lip to desired neck length

K. Contour — across nose at tip for nose cover

L. Width of Lips (top to bottom)

M. Contour — chin to neck

Check this box if there are instructions on other side