

Rehabmart Order Number: RM_____ this must be provided if order has been paid for

Client Measurements:

A: Chest Width ____" B: Chest Depth ____" C: Hip Width ____" D: Hip Depth ____" E: Inseam ____"

F: Top of Inseam to Axilla ____" G: Client Height ____" H: Client Weight ____lbs

Note: All Measurements Assume Symmetrical Standing Posture.

Fax this form after your order is placed to 888-507-7326

or

**copy and paste the information into the COMMENTS box provided at
the time of your order**

or

Email this form to order@rehabmart.com