

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

## Product Information

Product includes one Comprevest.

<input type="checkbox"/> Comprevest	Cup Size:	Item #:
Colour: <input type="checkbox"/> Black <input type="checkbox"/> White	Band Size:	Quantity:

## Companion Products (sold separately)

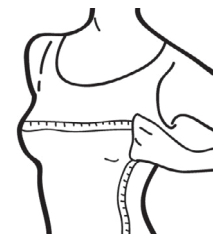
<input type="checkbox"/> Chip Pad Bra Half	Item #:
Colour: <input type="checkbox"/> Black <input type="checkbox"/> White	Quantity:
<input type="checkbox"/> Chip Pad Bra Full	Item #:
Colour: <input type="checkbox"/> Black <input type="checkbox"/> White	Quantity:
<input type="checkbox"/> Drain Tube Pouch	Item #:
Colour: <input type="checkbox"/> Black <input type="checkbox"/> White	Quantity:

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

## Step One

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

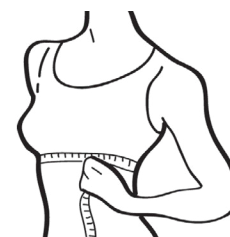
**Bust Size**



## 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**

## Comprevest Size Chart

		Small	Medium	Large	X Large	XX Large
	<b>Band Size</b>	28-30in	32-34in	36-38in	40-42in	44-46in
	<b>Cup Size</b>					
<b>Black</b>	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
<b>White</b>	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