

P.O. # Account # Contact Date

Phone Patient Name Age Height Weight

Company Name

Dropship Name & Address

PRODUCT INFORMATION

Channeling

FULL (Bilateral) LEFT SIDE (Unilateral) RIGHT SIDE (Unilateral)

Item # **2239-VS**

[A PDF of this order form can be found online at bit.ly/SIGmccOrderforms](http://bit.ly/SIGmccOrderforms)

STEP ONE

Measure the **Length** in centimeters from the Suprasternal Notch to the waist.

STEP TWO

Measure **Circumferences** in centimeters.

