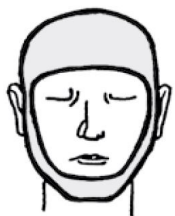


Date: N°: Patient:
 Age*: ☐ Male ☐ Female Weight*: Height*: ☐ Replacement

IMPORTANT: You must attach a picture of injury or draw it in the sketch. *Required data.

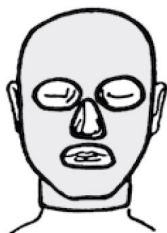
☐ **Ref. 9001** N° units:

☐ Open mask



☐ **Ref. 9002** N° units:

☐ Closed mask



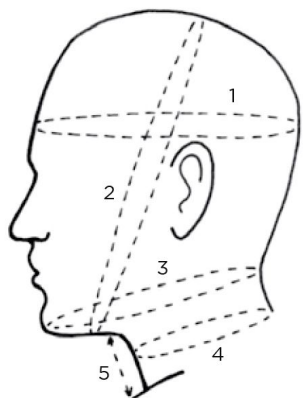
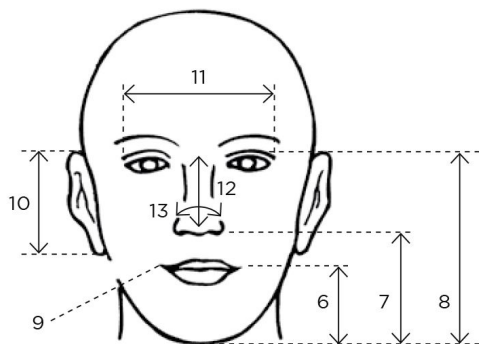
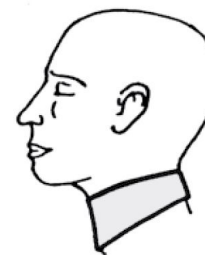
☐ **Ref. 9003** N° units:

☐ Chin neck strap



☐ **Ref. 9006** N° units:

☐ Chin-extension collar



Circumferences

1 Craneal

2 Around head at chin angle

3 Chin

4 Neck

Comments

☐ Nose covering

☐ Lips covering

Distances

5 Neck to sternal fork

6 Distance from chin to mouth

7 Distance from chin to nose

8 Distance from chin to eyes

9 Width of mouth

10 Length of ears

11 Width of eyes

12 Length of nose

13 Width of nose end