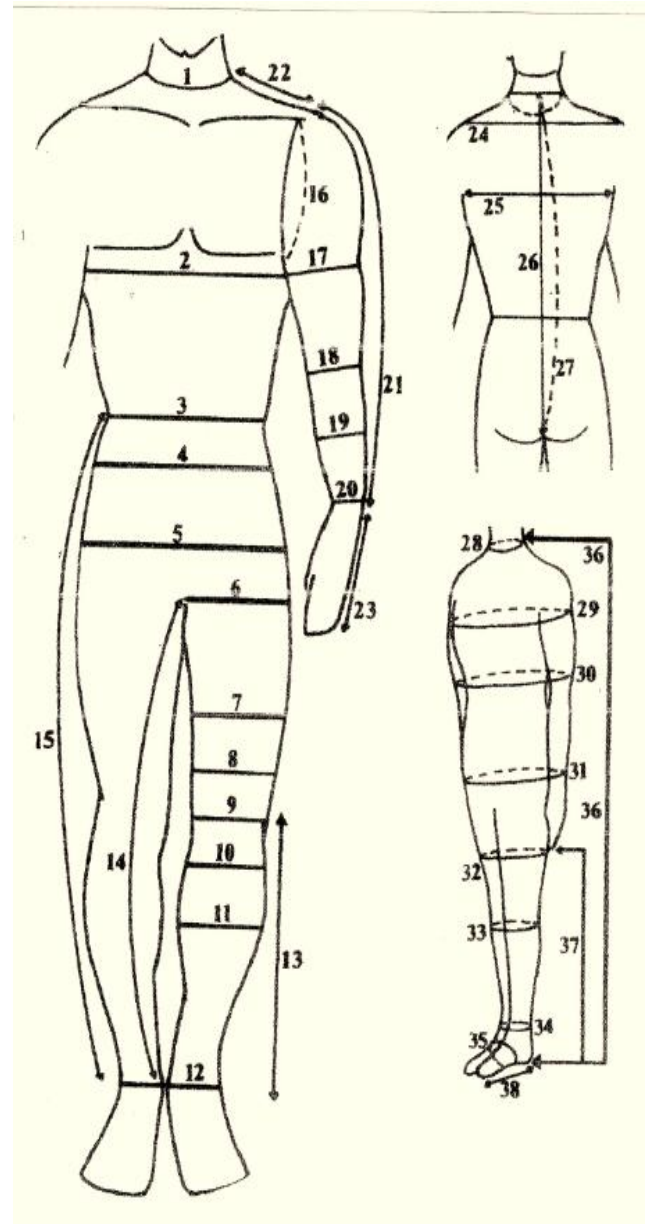


Client Name: _____

Measurement Area (see chart)

Your Measurement

1. Neck	
2. Chest	
3. Waist	
4. Hips	
5. Seat	
6. Thigh	
7. Mid thigh	
8. Above Knee	
9. Knee	
10. Below Knee	
11. Calf	
12. Ankle	
13. Knee to Ankle	
14. Inside Leg	
15. Outside Leg	
16. Around Shoulder at Armpit	
17. Bicep	
18. Elbow	
19. Forearm	
20. Wrist	
21. Top of Shoulder to Wrist	
22. Shoulder to Neck	
23. Wrist to Finger End	
24. Across Shoulder	
25. Across Back	
26. Crotch to back of neck	
27. Crotch to front of neck	
28. Collar size	
29. Around chest & arms	
30. Around waist & arms	
31. Around hips and waist	
32. Around thighs and fingertips	
33. Around knees	
34. Around ankles	
35. Around instep	
36. Height (floor to neck)	
37. Height (floor to end of fingertips)	
38. Foot length	
39. Waist to Waist between legs	
40. Adams apple to center line nipples	
41. Nipple to Nipple (for Tit Flaps)	



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Please attach the filled out document to the order form.