



# CHIPVEST CUSTOM

P.O. #	Account #	Contact	Date
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Phone	Patient Name	Age	Height	Weight
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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.

