

Alterations Form

		Date
Name (Patient)		
Contact Name		
Contact Phone		
() Le	easurement Key ngth = rcumference =	

Options

Color □ BLACK □ ROYAL BLUE □ WHITE

Please document what changes need to be altered. Include measurements and descriptions.

Measure patient laying down. Measurements should be in centimeters. Measure over diaper or underwear. Measure on top of the torso, not the side.