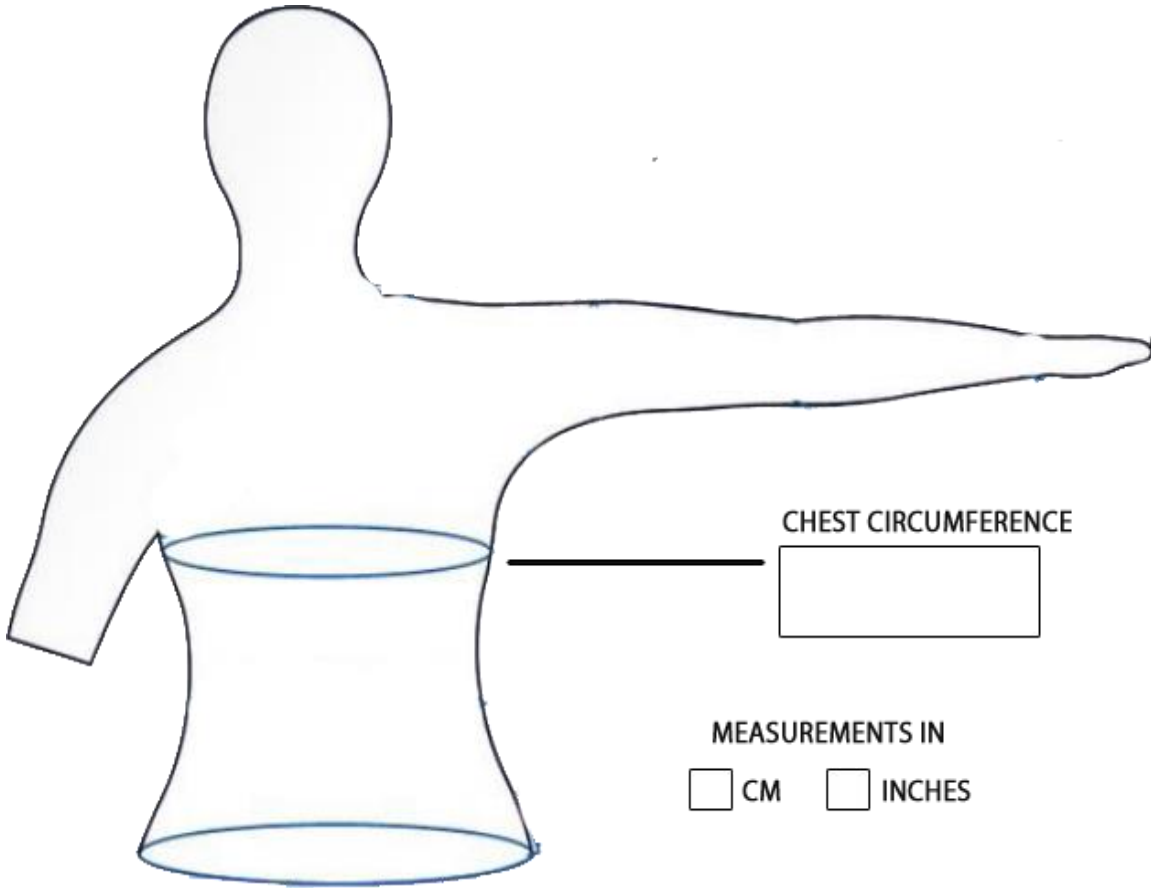


# LYMPHA PRESS COMFY JACKET MEASURING FORM

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_



NOTES: \_\_\_\_\_  
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