

Premium™ MTM Pressure Garments Adult Body Outline Diagram

(Please complete Patient Reference No. OR Name)

Patient Reference No.:

Surname:

First Name:

Hospital:

Date:

Mark on body outline diagram areas of scarring to be treated.

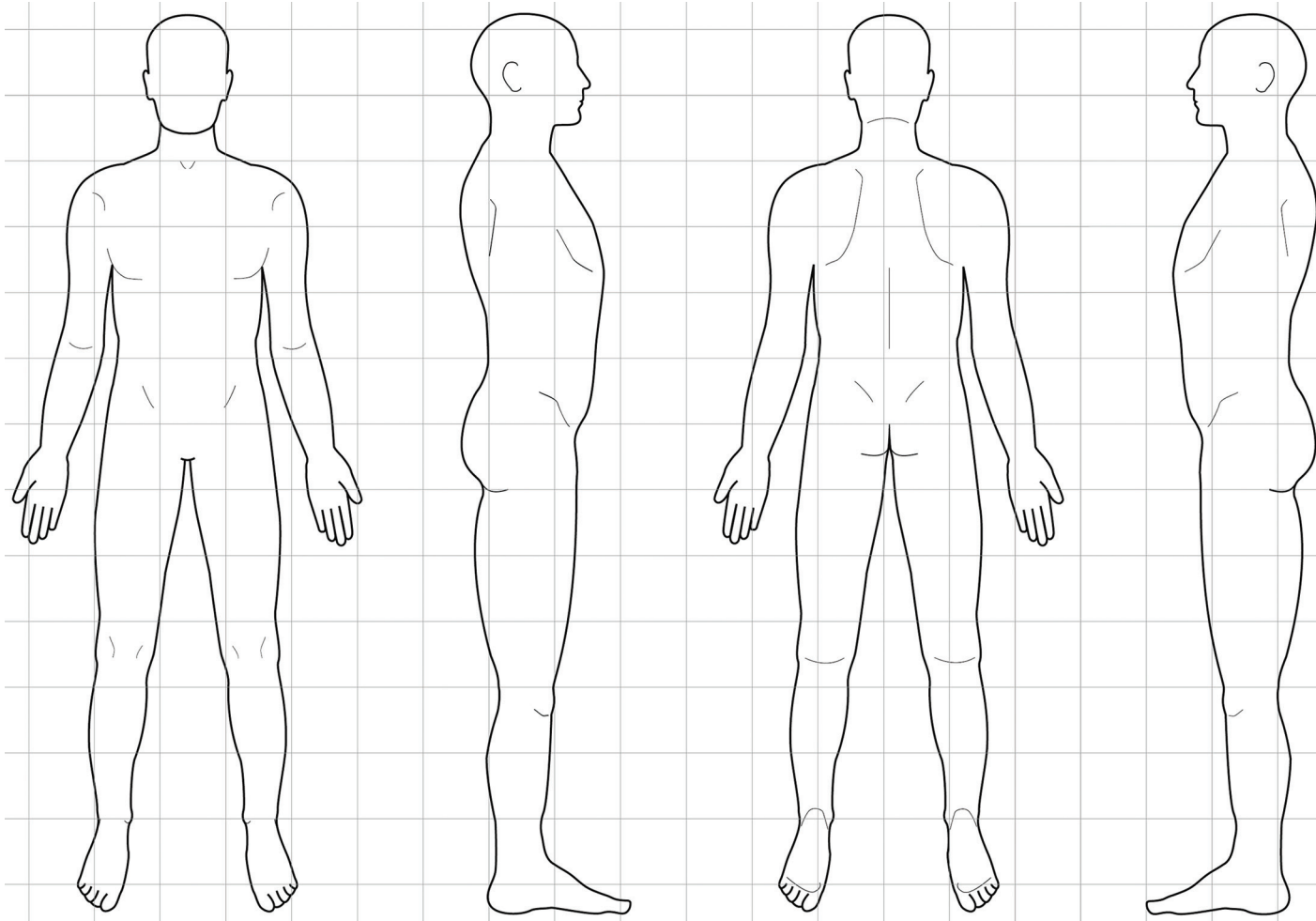
If required, mark on body outline diagram position of pad/pocket or silicone textile insert.

FRONT VIEW

RIGHT SIDE VIEW

BACK VIEW

LEFT SIDE VIEW



**Specific
Instructions:**

Premium™ MTM Pressure Garments Paediatric Body Outline Diagram

(Please complete Patient Reference No. OR Name)

Patient Reference No.:

Surname:

First Name:

Hospital:

Date:

Mark on body outline diagram areas of scarring to be treated.

If required, mark on body outline diagram position of pad/pocket or silicone textile insert.

FRONT VIEW

RIGHT SIDE VIEW

BACK VIEW

LEFT SIDE VIEW

