

Levio® Edition - 2 Measurements

With the help of this template and a standard measuring tape, you can easily determine your body measurements. Based on the measurements an optimised Levio Edition apron will be made or, if needed, your MAVIG clothing size is determined. Before you use the measuring tape, please note the following:

The requested measurements should be body measurements, measured **without any additions** but also without being constricting. Correct values cannot be determined if you measure yourself. The measurements must always be taken by another person. The person being measured should stand straight with arms hanging to the sides.

Please fill in the following points.

● **Measurements for:** _____
(First name and surname)

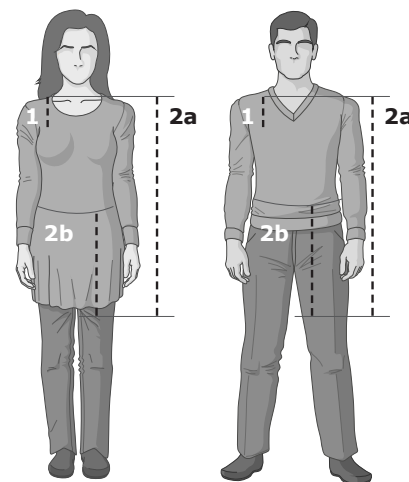
Woman **Man**

① _____ **cm Position from above (Levio®)**

Measure from the middle of the shoulder the start of the breast
(about at the second rib, between the collarbone and the mammary papilla)

② _____ **cm Levio® Length / Skirt panel length (Levio®)**

a) Measure from the middle of the shoulder to below the gonads (about 10 cm below the crotch)
b) Skirt only: Measure from the waist (waistband of the skirt) to below the gonads (about 10 cm below the crotch)



Points 3 - 6 for a general determination of the size (optional)

③ _____ **cm Total height**

④ _____ **cm Chest circumference**

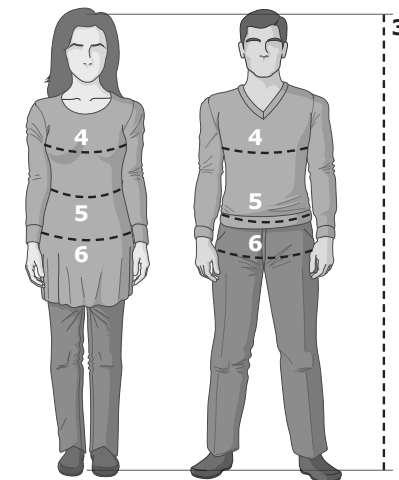
Across the broadest part of the chest (bust) horizontally around the body

⑤ _____ **cm Waist circumference**

Measure around the waist without making it tight (for women measure at the narrowest part of the waist, for men measure around the body slightly below the navel)

⑥ _____ **cm Hip/buttock circumference**

Place the measuring tape horizontally around the broadest part of the hips/buttocks



Ⅰ **Model** RA631 Levio NovaLite
 RA632 Levio Leadfree
 RA660 Levio Standard lead

Pb Levio Panel: _____ mm
(Base layer : 0.25 mm Pb)

Ⅱ **Outer Material** ComforTex® HPMF Hybrid
 ComforTex® HPMF
 with Outlast®, optional

In the Colour: _____
(Colour name or colour code)

Ⅲ **Sleeves** Right / Left / Pair
(optional) Sewn-on / Buttoned-on

Pb: _____ mm
(Standard: 0.25 mm Pb)

Ⅳ **Embroidery/Border** Sewn-in
(optional) Adjustable

Text: _____

(Please write legibly, in capital letters)

● **Measured by:** _____ **on:** _____
(Name) (Date)

From/by: Hospital / Supplier / MAVIG employee