

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®)**

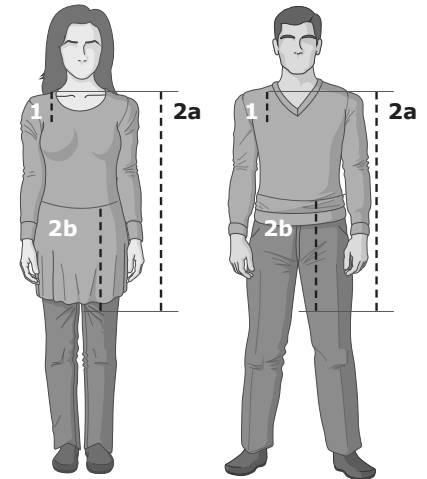
Measure from the middle of the shoulder the start of the breast
(about at the second rib, between the collarbone and the mammary papilla)

2a _____ cm **Length (Levio®)**

a) Measure from the middle of the shoulder to below the gonads (about 10 cm below the crotch)

2b _____ cm **Skirt panel length (Levio®)**

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



I Model RA631 Levio Costume
 RA632 Levio Coat
 RA660 Levio Apron
 RA631 Levio / Victoria Vest
 RA636 Levio / Victoria Coat

II Inner Material NovaLite Plus
 Leadfree 2.0

Pb Levio Panel: 0.42 mm Pb 0.50 mm Pb
(Base layer: 0.25 mm Pb)

III Size XS S M L
 XL XXL 3XL

Length 90 cm 100 cm
(Coat/Apron)
 110 cm 120 cm
 130 cm 140 cm

Length 65 cm 70 cm
(Skirt)
 75 cm 80 cm

IV Outer Material ComforTex® HPMF Hybrid
 ComforTex® HPMF

Optional: with Outlast®

Outer Colour: _____
(Colour name or colour code)

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

in Pb: _____ mm
(Standard: 0.25 mm Pb)

Bolero in Pb: _____ mm
(optional) (Standard: 0.25 mm Pb)

IV Embroidery/Border Sewn-in Adjustable
(optional)
 Shoulder Skirt

Text: _____

(Please write legibly, in capital letters)

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

From/by: Hospital / Supplier / MAVIG employee