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VISTA. 631 LSO LoPro

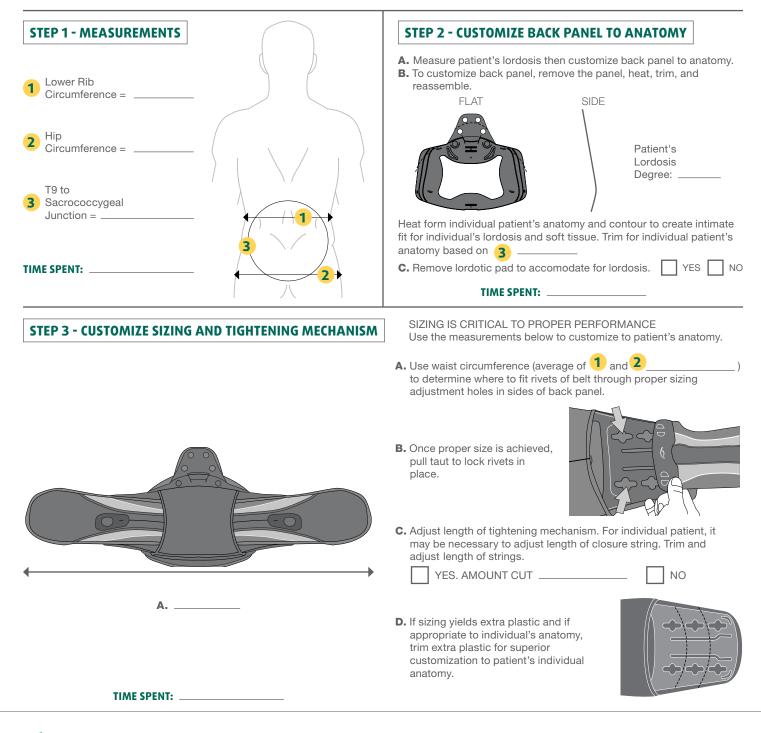
 Doctor:
 Fitter:

 Patient Name:
 Date:

 Patient #:
 Additional Follow-Up Dates:

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

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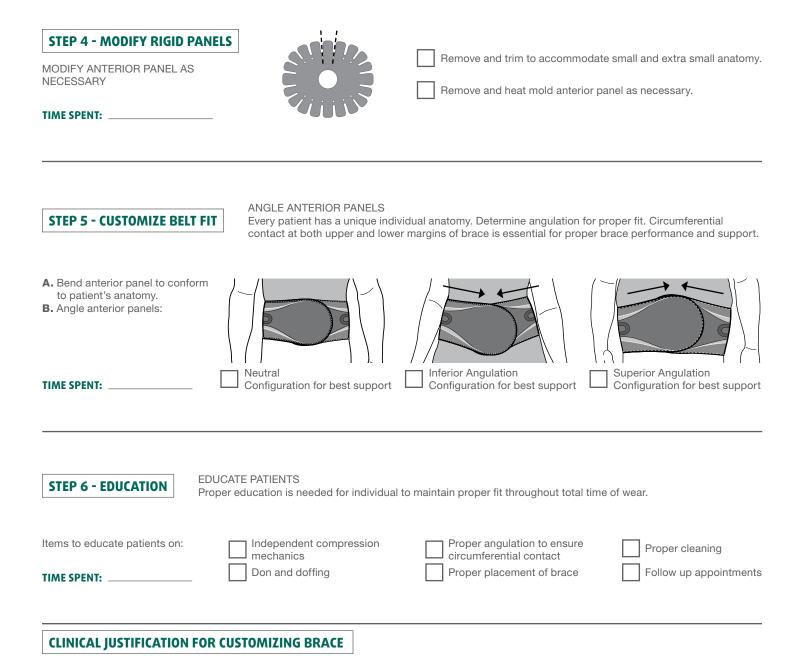
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| Doctor: | Fitter: |
|---------------|-----------------------------|
| Patient Name: | Date: |
| Patient #: | Additional Follow-Up Dates: |

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure



TOTAL TIME TO CUSTOMIZE BRACE:



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