

MAS FITTING RECORD CHART

Therapist: _____
 Client: _____
 Date: _____
 Address: _____

 Postcode: _____
 Tel. No.: _____

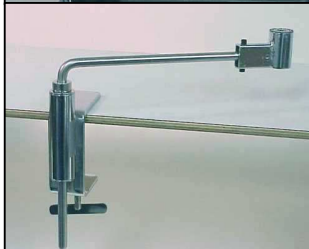

 R

 L





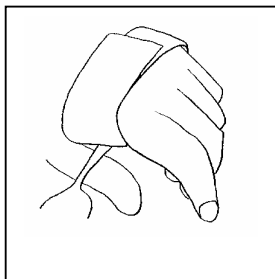
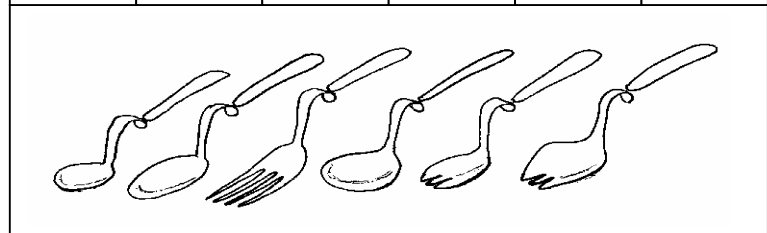


Friction MAS

L / R	8"	9"	10"	Height

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 R

 L



MCP	2½"	3"	3½"
LEFT			
RIGHT			

