



PLEASE DIRECT ALL ORDERS TO:
2920 Centennial Rd., Toledo OH 43617-1833
www.gottfriedmedical.com • sales@gottfriedmedical.com

office: +1 419 474-2973
toll-free: +1 800 537-1968
toll-free fax: +1 866 474-8822

Form F-039 - Face Mask & Chin Strap

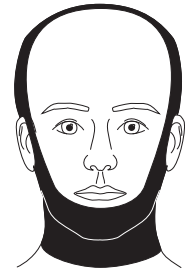
Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City	State	Zip
Fitter	City	State Zip



430 Face Mask



431 Open Face Mask



432 Chin Strap

☐ HOTLINE SERVICE

(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

REQUIRED Allergies:

Allergic to silicone? ☐ Yes, ☐ No, ☐ NA | Allergic to metal? ☐ Yes, ☐ No, ☐ NA

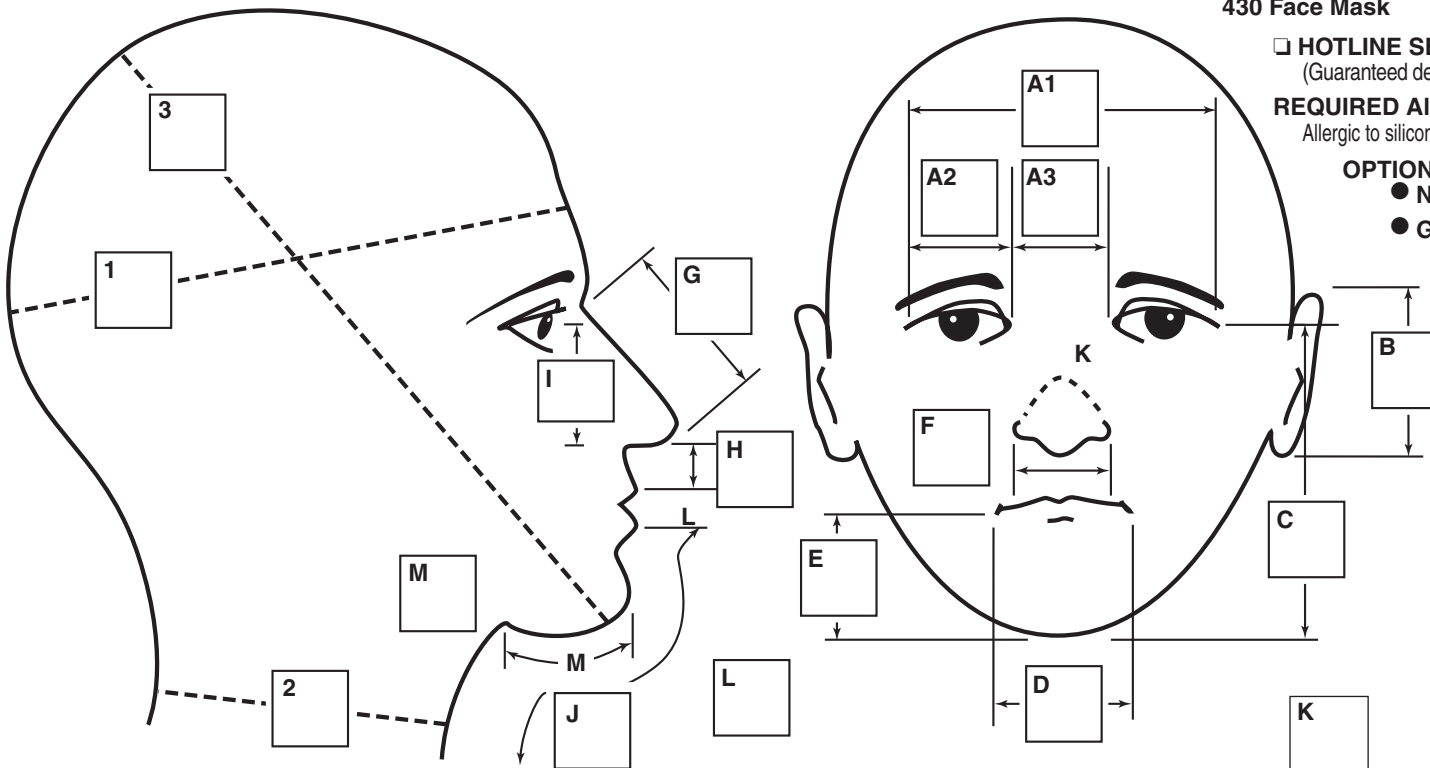
OPTIONS & EXTRAS:

● **Nose Cover** Model 430 only: ☐

● **Garment Color No:** _____

Comments & Instructions:

☐ **Check this box if there are instructions on other side**



PLEASE CHECK ONE:

- ☐ **Burn**
☐ **Lymphedema**

1. Circumference above eyebrows
2. Circumference of neck
3. Circumference point of chin around to crown of head
- A1. Width of both eyes
- A2. Width of one eye
- A3. Width between eyes
- B. Length of ear
- C. Length — chin to eye center plane
- D. Width of mouth

- E. Length — chin to mouth at corner
- F. Width of nose
- G. Length of nose
- H. Length — bottom of nose to top of lip.
- I. Length — nostril to eye center plane
- J. Contour — bottom of lip to desired neck length
- K. Contour — across nose at tip for nose cover
- L. Width of Lips (top to bottom)
- M. Contour — chin to neck