



# Questionnaire



Patient Name: \_\_\_\_\_

Referring Physicians/Hospital: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Patient Surgical History: \_\_\_\_\_

Patient Treatment History related to current condition: \_\_\_\_\_

Teeshirt Size: \_\_\_\_\_ Bra Size: \_\_\_\_\_

If applicable, Prosthetic type and size: \_\_\_\_\_

What are your discomforts with your current bra's? \_\_\_\_\_

Any Allergies to materials or Latex? \_\_\_\_\_

## *Pink Lift Collections*

Please cross each box that's relevant to your life style requirements to request information and pricing on the right bras and accessories for you!

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Bras required for sleeping.</li> <li>2. Active wear including Tank and Sports Bras.</li> <li>3. Lymph node swelling under arms</li> <li>4. Bras with ice pack pockets</li> <li>5. Biopsy Bra with ice pack pockets</li> <li>6. Every day Bra collections</li> <li>7. Luxury Lines</li> <li>8. Pad Packs for Radiation relief</li> <li>9. Pad Packs for customizing cup size to create symmetry</li> </ol> | <ol style="list-style-type: none"> <li>10. Tanks and compression Tops</li> <li>11. Dress Wraps for ease of wear during radiation treatments</li> <li>12. Preferred Front Zip Enclosure</li> <li>13. Surgical incisions/scars if you answer yes please elaborate as to where the scaring is so we can suggest the best garments for comfort and ease</li> </ol> |
|---|--|

Small, Large or None at all.

*Pink Lift* will fit them ALL!

Email to [info@pinklift.com](mailto:info@pinklift.com) or Fax to +1 813 441 8976