

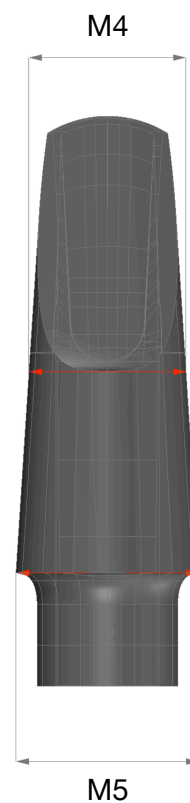
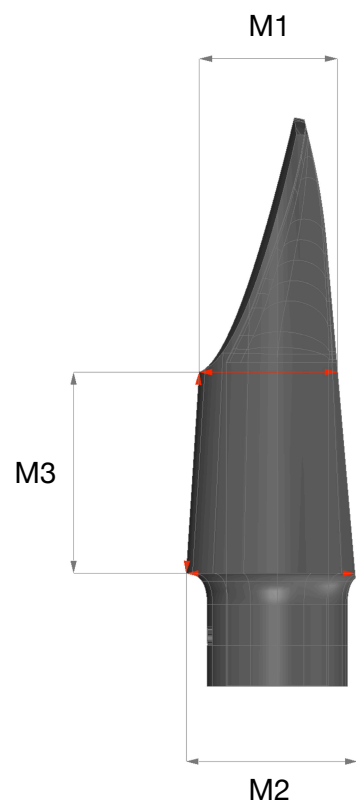


Informations about you

Name:

Surname:

E-Mail:



Informations about your mouthpiece

Instrument:

Manufacturer:

Model:

Material:

M1 = mm

M2 = mm

M3 = mm

M4 = mm

M5 = mm