



THUASNE

CICATREX



TORSO No. 1a

ORDER (by default) **QUOTATION** **RENEWAL**

Customer code

Case No. for renewal

1st treatment

Date: Quantity:

Patient's surname:

Patient's first name:

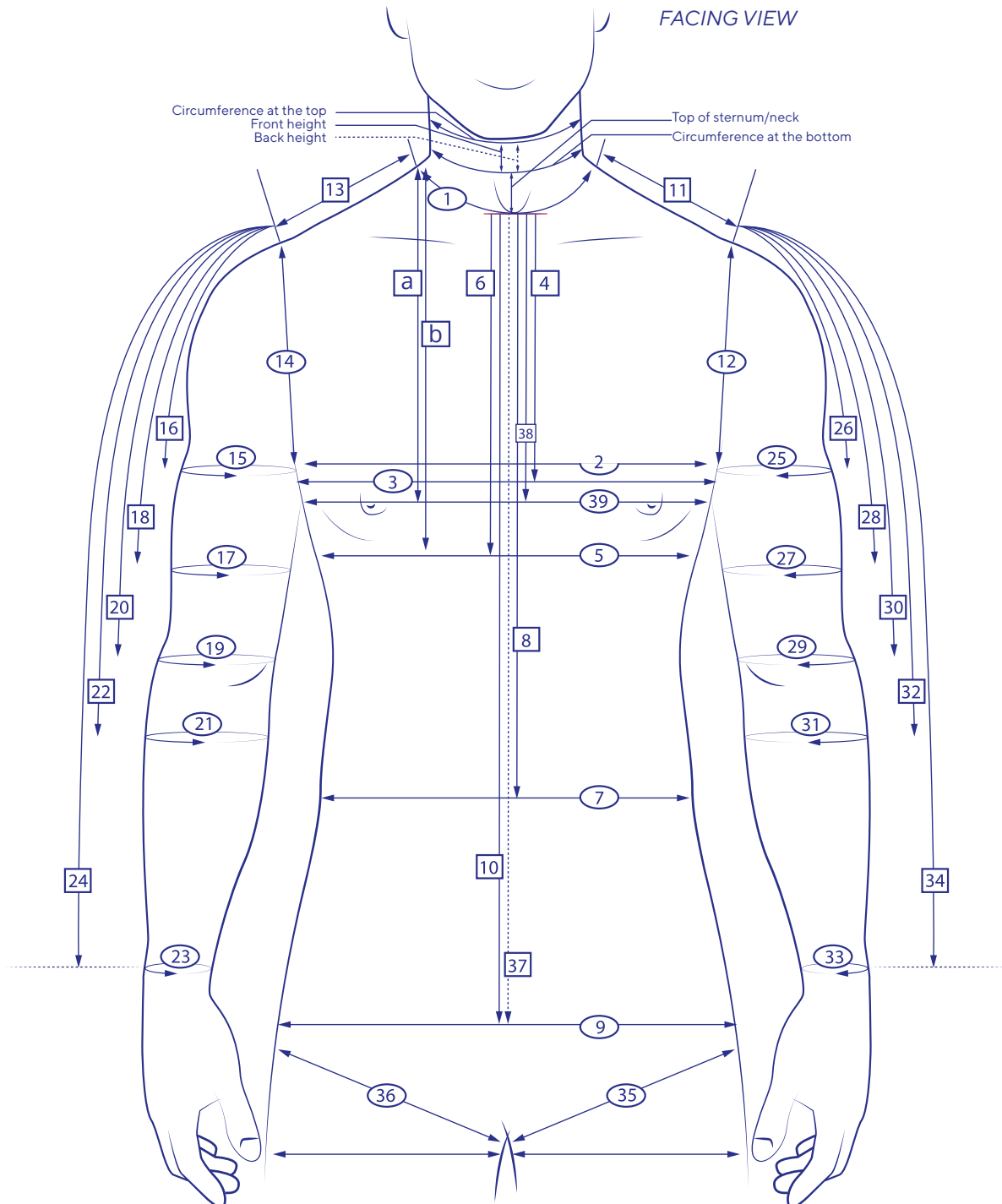
Gender: M F Child Patient's height:

I authorize my health care professional to collect my data and to communicate them to Thuasne company as part of the processing of my made to measure medical device in accordance with Law No 78-17 of 6 January 1978, and European Regulation No 2016/679/EU of 27 April 2016, I have rights including in particular the rights of access, rectification, portability and deletion of my data. I can exercise these rights by contacting the health care professional from whom I ordered my medical device.

PATIENT SIGNATURE

RETAILER IDENTIFICATION

**If possible, please enclose photos of the limb to be fitted.
Please draw in the contours of the garment on the diagram and cross unnecessary measures.
Please also fill in torso form No. 1b.**



○ Circumference in cm
□ Length in cm
⤵ Half-circumference in cm

35 and 36: For the body only
Measurement taken at an angle for a brief-cut body
Measurement taken straight for a short-cut body

Please contact your regular Thuasne distributor



THUASNE

CICATREX



TORSO No. 1b

ORDER (by default) QUOTATION RENEWAL

Customer code

Case No. for renewal

1st treatment

Date: Quantity:

RETAILER IDENTIFICATION

Patient's surname:

Patient's first name:

Gender: M F Child Patient's height:

I authorize my health care professional to collect my data and to communicate them to Thuasne company as part of the processing of my made to measure medical device in accordance with Law No 78-17 of 6 January 1978, and European Regulation No 2016/679/EU of 27 April 2016, I have rights including in particular the rights of access, rectification, portability and deletion of my data. I can exercise these rights by contacting the health care professional from whom I ordered my medical device.

PATIENT SIGNATURE

If possible, please enclose photos of the limb to be fitted. Please draw in the contours of the garment on the diagram and cross unnecessary measures. Please also fill in torso form No. 1a.

Indications

- Major burn (by default)
 EDS (Ehlers-Danlos Syndrome)

Models

- Shoulder pad
 Body
 Vest

Fabrics

- Cicatrex Nature
 Cicatrex Filifine
 Cicatrex AirSkin

Table with columns for fabric colors: WHITE, BEIGE, BLACK and checkboxes for each fabric type.

Options

- Center opening
 Zipper
 Front position
 Back position
 Hook to help fasten the vest (by default)

Armpit compression

- Right Yes No*
Left Yes No*

*Soft fabric by default

Collar

- Round neck
 V-neck
Front collar cut height (from the sternum): [] cm
Back collar cut height (from the 7th cervical vertebra): [] cm
Stand-up collar
Circumference at top: [] cm
Circumference at bottom: [] cm
Front height: [] cm
Back height: [] cm
Top of sternum/neck height: [] cm

Cups

- With compression
 Without compression
Depth: A B C D E F

Self-fastening (for panty)

- Vest over panty
 Panty over vest

Additional opening**

- Position (to be drawn in):
 Zipper Self-fastening Length: [] cm

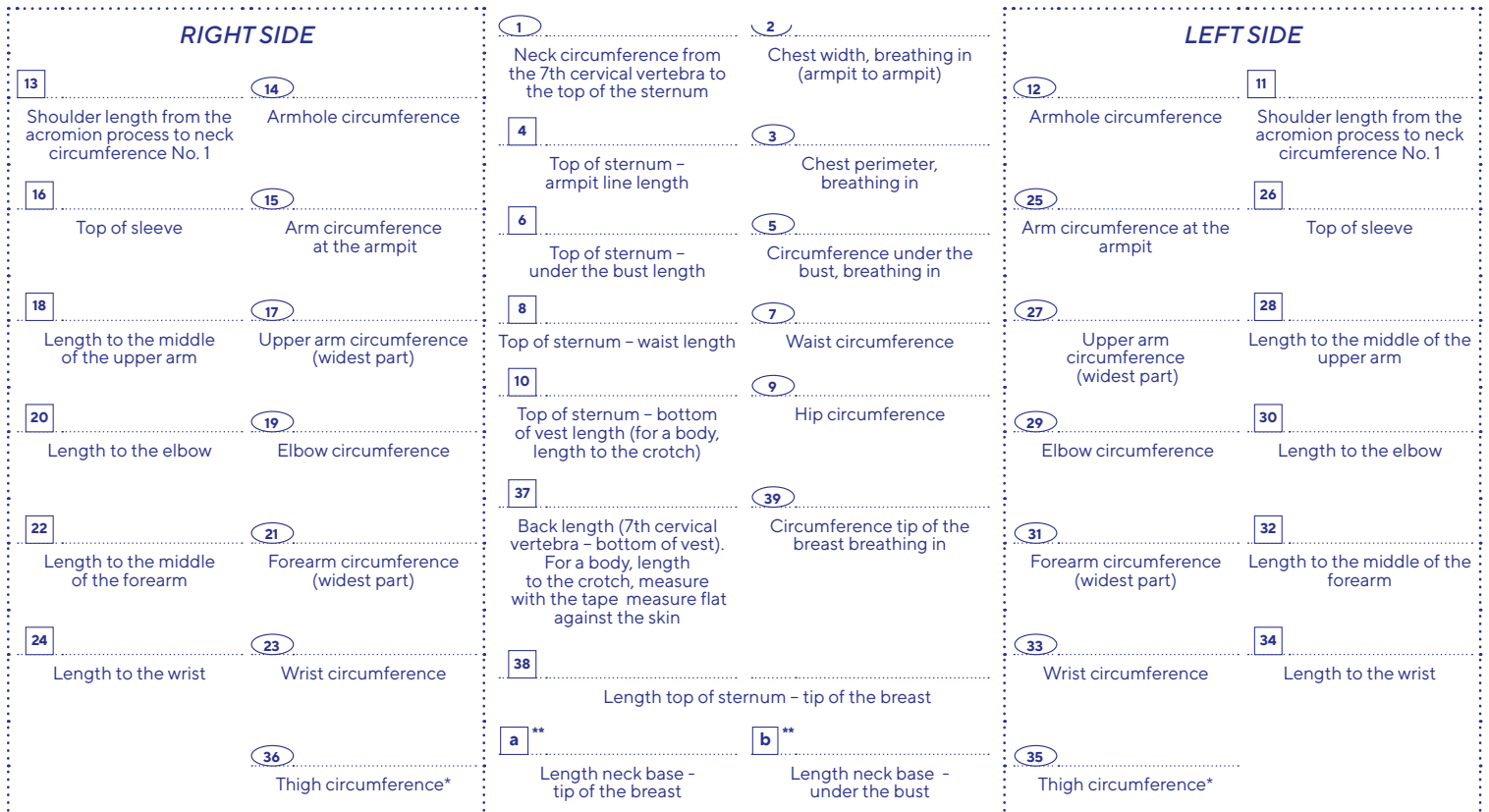
Soft fabric**

- Elbow
 Other

Other**

- Compression pad
Position (to be drawn in): Dimensions: [] cm
 Belt

** Extras, not included in the cost



* For the body only
** To fill out only from D cup

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