



CICATREX



HEAD No. 6

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.

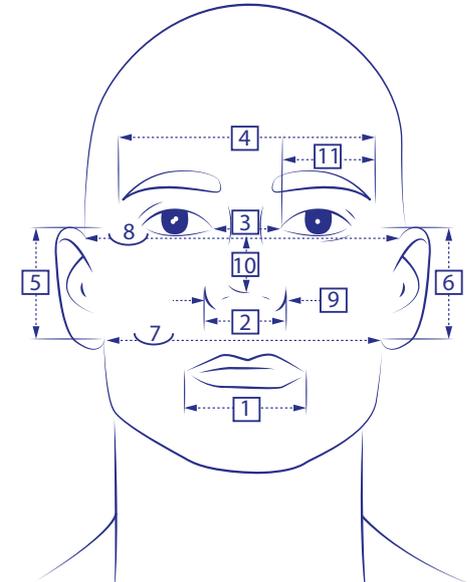
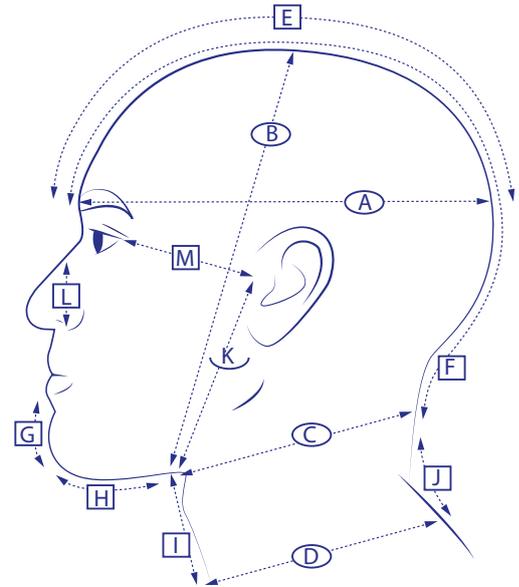
PATIENT SIGNATURE

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.

<p>Models</p> <p><input type="checkbox"/> Hood</p> <p><input type="checkbox"/> Chin band</p>	<p>Options</p> <p>Coverage</p> <table border="0"> <tr> <td></td> <td>UNCOVERED</td> <td>COVERED</td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Ridge of nose</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Right ear</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Left ear</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Other</p> <p><input type="checkbox"/> Compression pad <input type="checkbox"/> REMOVABLE <input type="checkbox"/> FIXED</p> <p>Dimensions (ℓ x h): <input type="text"/> cm</p> <p>Position: to be drawn in <input type="text"/></p>		UNCOVERED	COVERED	<input type="checkbox"/> Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ridge of nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Right ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Left ear	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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A	Horizontal head circumference	
B	Vertical head circumference	
C	Upper neck circumference	
D	Lower neck circumference – end of bandage	
E	Nasal bone/occipital protuberance	
F	Nasal bone/upper neck circumference	
G	Lower lip – tip of the chin	
H	Tip of the chin – upper base of neck	
I	Front neck height	
J	Back neck height	
K	Ear canal – ear canal under the chin	
L	Lateral measurement of nose length	
M	Distance external canthus – ear canal	
1	Mouth width	
2	Nose width	
3	Space between the eyes, inner	
4	Space between the eyes, outer	
5	Length of right ear	
6	Length of left ear	
7	Bottom of ear – bottom of ear above the upper lip	
8	Top of ear – top of ear above the top of the nose	
9	Wing of the nose – wing of the nose above the nasal bone	
10	Nose length	
11	Eye width	



Circumference in cm Length in cm Half-circumference in cm

Please contact your regular Thuasne distributor