

LYMPHATREX Expert

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ARMSLEEVE - FLAT KNIT

ORDER (by default)	UOTATION	☐ RENEWAL
Of the litt (by default)		

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.	PATIENT SIGNATURE

Customer code	
Case No. for renewal	
☐ 1st treatr	nent
Date:	Quantity:
	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.

□ RIGHTARM □ LEFTARM Fill in one form for each side
Models □ Armsleeve □ Armsleeve with mitten* * Fill in mitten measurement form in addition
Compression ☐ Class 2 (15 - 20 mmHg) ☐ Class 3 (20 - 36 mmHg)
Colors Beige □Tanning beige □Black
Options □ Angled proximal edge □ Elastic plain braid 3 cm □ Anti-slip with silicone dots 3 cm □ Shoulder attachment (indicate measure ℓ GH) □ Shoulder cover (indicate measures ℓ GH + H)
Comments

Circumference in cm

Length in cm

