



**THUASNE**

# LYMPHATREX Expert



## STOCKINGS - FLAT KNIT

**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: .....

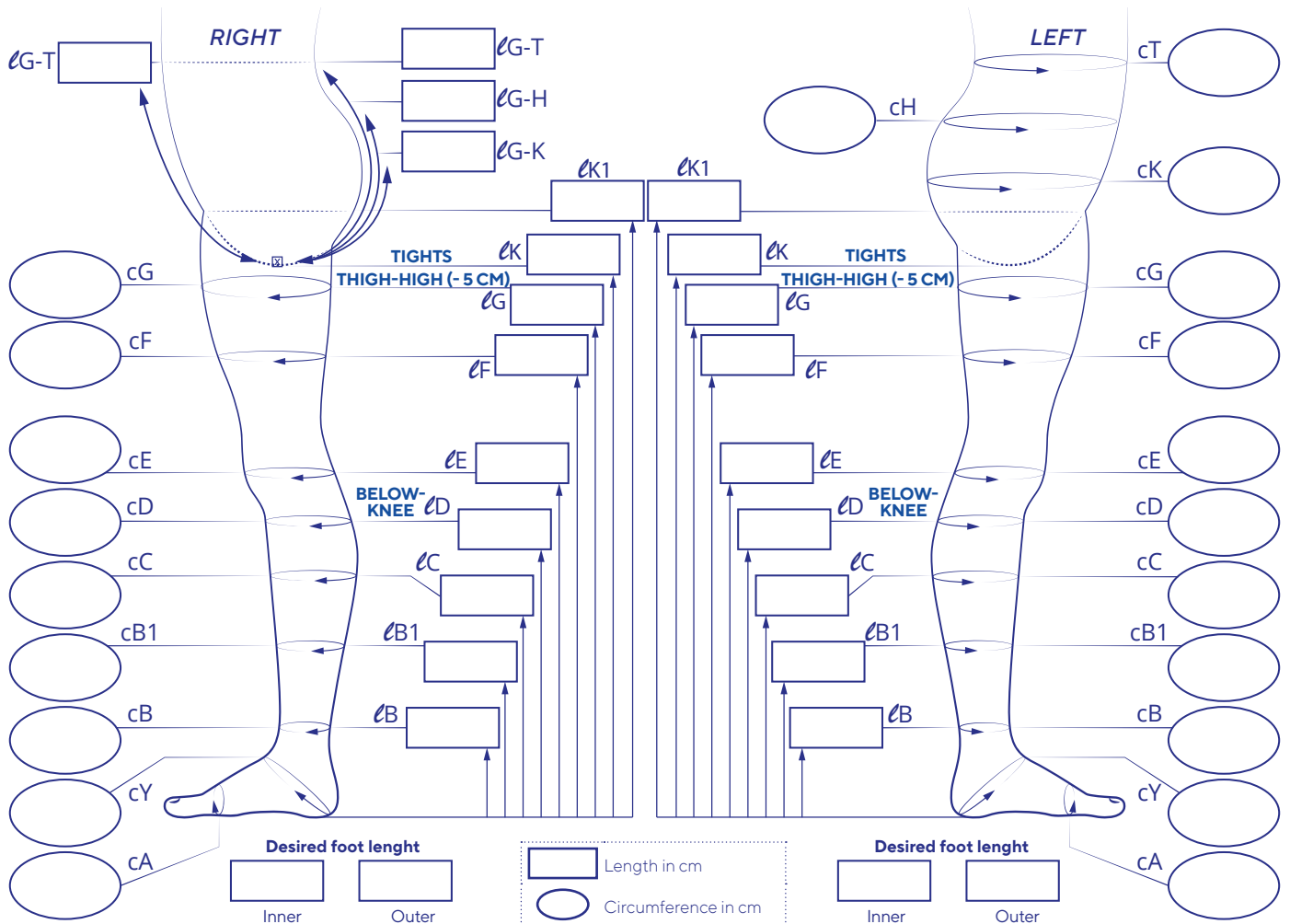
I authorize my health care professional to collect my data and to communicate them to Thuasne company as part of the processing of my made to measure medical device in accordance with Law No 78-17 of 6 January 1978, and European Regulation No 2016/679/EU of 27 April 2016, I have rights including in particular 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><b>Models</b></p> <p><input type="checkbox"/> Below-knee</p> <p><input type="checkbox"/> Thigh-high</p> <p><input type="checkbox"/> Tights</p> <p><input type="checkbox"/> Half-tight (short leg up to E marker)</p> <p><input type="checkbox"/> Panty</p>	<p>LEFT RIGHT</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><b>Thigh-high options</b></p> <p><input type="checkbox"/> Anti-slip with silicone dots 5 cm</p> <p><input type="checkbox"/> Angled thigh end</p> <p><input type="checkbox"/> Hip cover</p>	<p>LEFT RIGHT</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><b>General option</b></p> <p><b>Toe</b></p> <p><input type="checkbox"/> Open toe</p> <p><input type="checkbox"/> Closed toe</p> <p><input type="checkbox"/> With toes</p> <p>(Please fill in toe cap measurement form)</p>	<p>LEFT RIGHT</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Compression</b></p> <p><input type="checkbox"/> Class 3 (20 - 36 mmHg)</p> <p><input type="checkbox"/> Class 4 (&gt; 36 mmHg)</p> <p><input type="checkbox"/> No compression</p>	<p>LEFT RIGHT BRIEF</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> - - <input type="checkbox"/></p>	<p><b>Tights, half-tight &amp; panty options</b></p> <p><b>Belt</b></p> <p><input type="checkbox"/> Elastic belt 5 cm</p> <p><input type="checkbox"/> Adjustable elastic belt</p> <p><input type="checkbox"/> Without belt</p>	<p>LEFT RIGHT MIDDLE FRONT*</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Length <input type="text"/> cm</p>	<p><b>Compression pad</b></p> <p><input type="checkbox"/> Instep compression pad</p> <p><input type="checkbox"/> Medial malleolus compression pad</p> <p><input type="checkbox"/> Lateral malleolus compression pad</p>	<p>LEFT RIGHT</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Colors</b></p> <p><input type="checkbox"/> Beige</p> <p><input type="checkbox"/> Tanning beige</p> <p><input type="checkbox"/> Black</p>		<p><b>Opening</b></p> <p><input type="checkbox"/> Zipper</p> <p><input type="checkbox"/> Self-fastening</p> <p><input type="checkbox"/> Without opening</p> <p>* Only for women</p>		<p>Dimensions (ℓ x h): <input type="text"/></p>	
<p><b>Below-knee options</b></p> <p><input type="checkbox"/> Elastic plain braid 3 cm</p> <p><input type="checkbox"/> Anti-slip with silicone dots 3 cm</p> <p><input type="checkbox"/> Without anti-slip (by default)</p>	<p>LEFT RIGHT</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><b>Other</b></p> <p><input type="checkbox"/> Hygiene tab (soft fabric)</p> <p><input type="checkbox"/> Combination with thigh-high (for half-tight and panty only)</p>		<p><b>Comments</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	



Please contact your regular Thuasne distributor