



LYMPHATREX Revolution



ARM SLEEVE

☐ ORDER (by default) ☐ QUOTATION ☐ REORDER

Patient's last name: _____

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

Customer code _____

Case No. for renewal _____

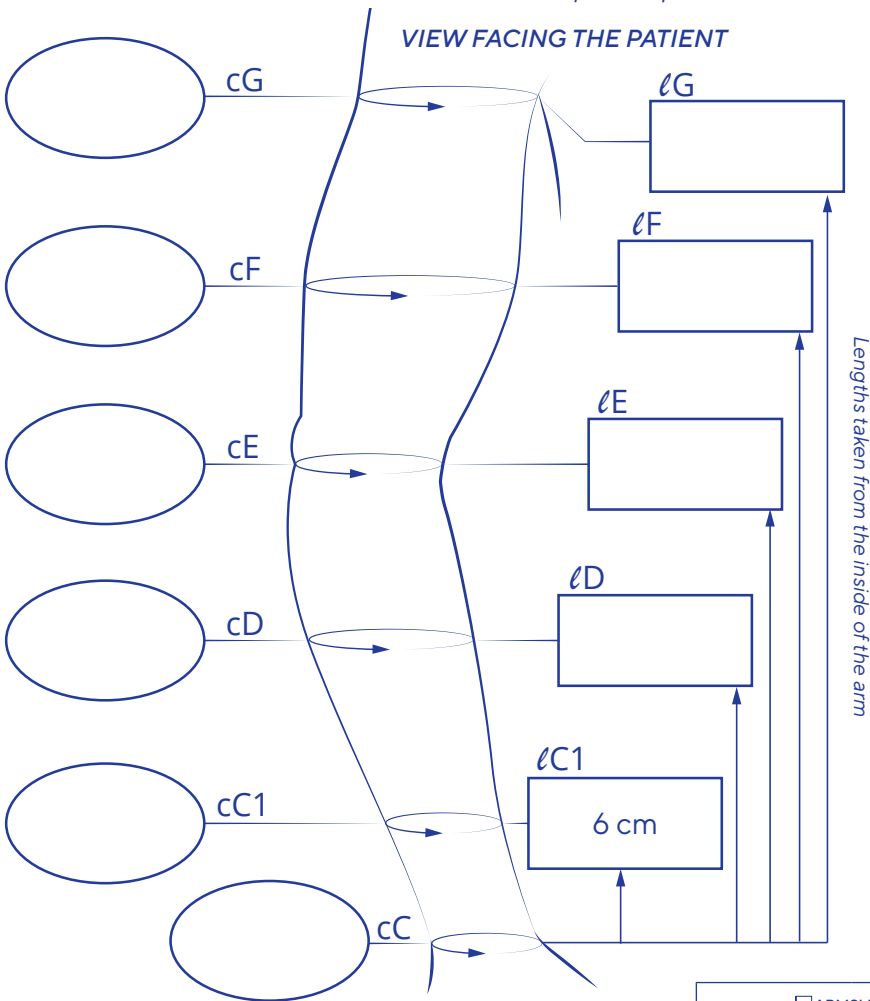
☐ 1st treatment

Date: _____ Quantity: _____

RETAILER
IDENTIFICATION

2401053-01 (2024-03)

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.
Made-to-measure patient compression device.



Length in cm
 Circumference in cm

☐

☐

☐

☐

☐

☐ Pocket without compression pad.

r: _____

R: _____

l: _____

L: _____

Dimensions may be adjusted during production.

		<input type="checkbox"/> ARMSLEEVE	
Proximal end options	Anti-slip with silicone dots 3 cm	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Anti-slip with silicone dots 5 cm	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Without anti-slip	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Angled proximal end	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Proximal end with reduced compression	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Other options	Distal end with reduced compression	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Compression pad Select the shape and enter the dimensions in the box. Draw the position on the drawing.	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Anatomical elbow zone	<input type="checkbox"/> Left	<input type="checkbox"/> Right

Colors:	
<input type="checkbox"/> Black	<input type="checkbox"/> Dark blue
<input type="checkbox"/> Beige	<input type="checkbox"/> Brown
<input type="checkbox"/> Tanning Beige	<input type="checkbox"/> Anthracite grey

This range is regularly updated. **Make sure you have the latest version** by flashing the QR code:



Comments: _____

Compression (RAL)		Armsleeve			
<input type="checkbox"/> CL 1 (15 - 21 mmHg)	<input type="checkbox"/> Left	Quantity:	<input type="checkbox"/> Right	Quantity:	
<input type="checkbox"/> CL 2 (23 - 32 mmHg)	<input type="checkbox"/> Left	Quantity:	<input type="checkbox"/> Right	Quantity:	
<input type="checkbox"/> CL 3 (34 - 46 mmHg)	<input type="checkbox"/> Left	Quantity:	<input type="checkbox"/> Right	Quantity:	