



# LYMPHATREX Revolution



LEGS

☐ 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

2401053-02 (2025-01)

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.

Diagram showing the contours of the leg for measurement. The diagram is divided into LEFT and RIGHT sections. Measurements are taken at various points along the leg, including the hip, thigh, calf, and ankle. The diagram includes labels for the following measurements:

- LG-T (Left Gluteal Thigh)
- CG (Calf Girth)
- CF (Calf Foot)
- CE (Calf Elbow)
- CD (Calf Dorsal)
- CC (Calf Calf)
- CB1 (Calf Back 1)
- CB (Calf Back)
- CY (Calf Yank)
- CA (Calf Ankle)
- LG (Left Girth)
- LG-T (Left Gluteal Thigh)
- CG (Calf Girth)
- CF (Calf Foot)
- CE (Calf Elbow)
- CD (Calf Dorsal)
- CC (Calf Calf)
- CB1 (Calf Back 1)
- CB (Calf Back)
- CY (Calf Yank)
- CA (Calf Ankle)

The diagram also includes a section for the foot, with labels for the inner and outer foot, and a section for the ankle, with labels for the inner and outer ankle.

Length in cm  
Circumference in cm

Diagram showing the shape and dimensions of the compression device. The diagram includes labels for the following dimensions:

- r (Radius)
- R (Radius)
- l (Length)
- H (Height)
- L (Length)
- h (Height)

☐ Pocket without compression pad.

Dimensions may be adjusted during production.  
\* In malleolar position only

Proximal end options	<input type="checkbox"/> BELOW-KNEE (AD)		<input type="checkbox"/> THIGH-HIGH (AG)		<input type="checkbox"/> LEGSLEEVE ( <input type="checkbox"/> BG <input type="checkbox"/> BD <input type="checkbox"/> FG)	
	Left	Right	Left	Right	Left	Right
Hip cover 5 cm <i>take lG at the gluteal fold</i>						
Anti-slip with silicone dots 3 cm <i>AG, BG or FG: only for paediatric use</i>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Anti-slip with silicone dots 5 cm	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Without anti-slip	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Angled proximal end (height: approx. 5 cm)			<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Proximal end with reduced compression	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Distal end with reduced compression	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Compression pad	Select the shape and enter the dimensions in the dedicated box.					
<input type="checkbox"/> Instep	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right				
<input type="checkbox"/> Medial malleolus	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right				
<input type="checkbox"/> Lateral malleolus	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right				
<input type="checkbox"/> Other: draw the position on the scheme.	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Hallux valgus functional zone	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right				
Anatomical knee zone			<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<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)		Leg	
<input type="checkbox"/> CL 1 (18 - 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: _____	