



- ORDER (by default)
- QUOTATION
- RENEWAL



RETAILER IDENTIFICATION

Customer code:

Case No. for renewal

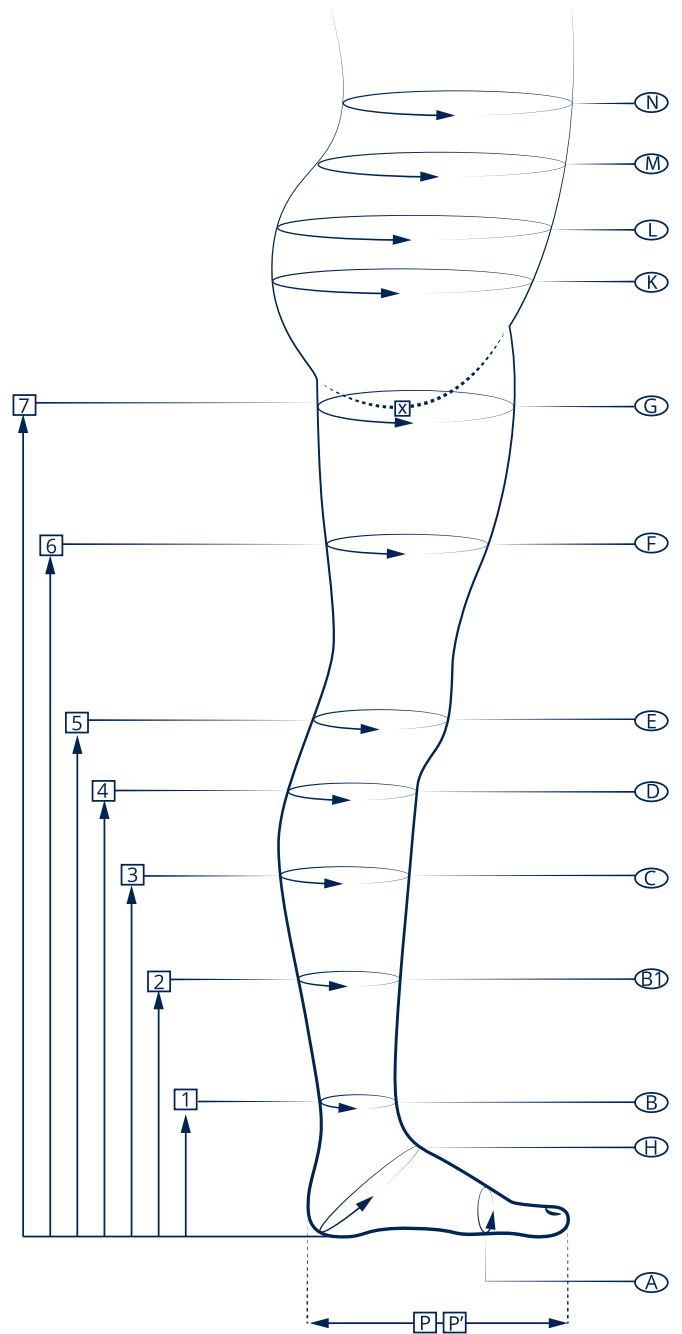
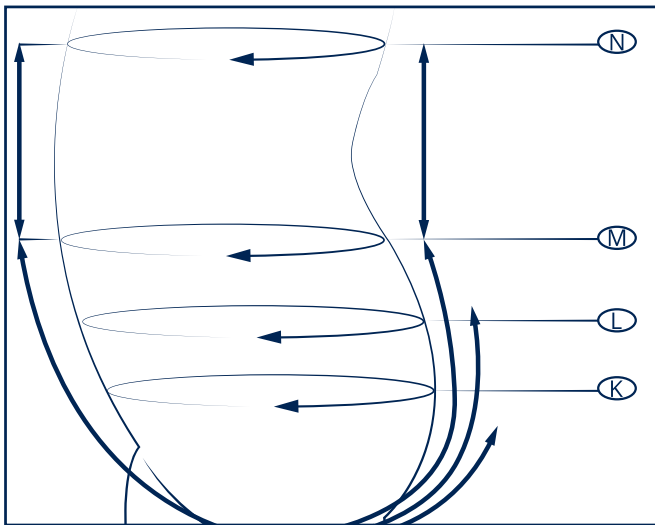
Patient's surname:

Patient's first name : 1st treatment

Gender : M F Child Date:

Patient's height : Quantity:

**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.
Please also fill in form No. 4b.**



Circumference in cm
 Length in cm
 Crotch



RETAILER IDENTIFICATION

Customer code:

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Patient's surname:

Patient's first name :

Gender : M F Child

Patient's height :

1st treatment

Date:

Quantity:

**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.
 Please also fill in form No. 4a.**

Indications

- Major burn
- EDS (Ehlers-Danlos Syndrome)

Models

- Sock
- Leg only
- Half-tight belt
- Panty

Fabrics

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Cicatrex Nature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cicatrex Filifine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cicatrex AirSkin | - | <input type="checkbox"/> | <input type="checkbox"/> |
- WHITE BEIGE BLACK

Options

- Crotch**
- Open
 - Hygiene tab
 - Closed
 - Gusset
 - Kangaroo pouch

Velcro fastening (for vest)

- Vest over panty
- Panty over vest

Foot

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Open | LEFT | RIGHT |
| <input type="checkbox"/> Closed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Attached | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Separate | <input type="checkbox"/> | <input type="checkbox"/> |

Stomach opening

- Type:
- Zip Length: cm

Position:

- Front Back Right Left

Soft fabric

- | | | |
|---------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Knee | LEFT | RIGHT |
| <input type="checkbox"/> Heel | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | <input type="checkbox"/> | <input type="checkbox"/> |

Leg opening

- Type:
- | | | |
|---------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Zip | LEFT | RIGHT |
| <input type="checkbox"/> Velcro | <input type="checkbox"/> | <input type="checkbox"/> |
- Length: cm

Position: (to be drawn in)

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Front position | LEFT | RIGHT |
| <input type="checkbox"/> Back position (panty only) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Outer position | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Inner position (sock only) | <input type="checkbox"/> | <input type="checkbox"/> |

Sock & leg fastening

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Without anti-slip | LEFT | RIGHT |
| <input type="checkbox"/> Silicone men anti-slip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Silicone women anti-slip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Latex anti-slip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Anti-slip with silicone dots 3 cm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elastic plain braid 3 cm | <input type="checkbox"/> | <input type="checkbox"/> |

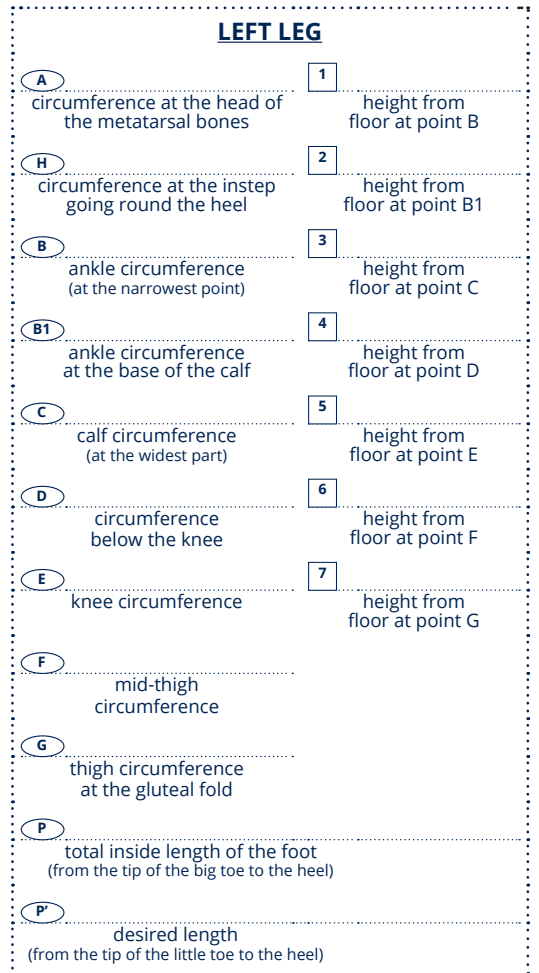
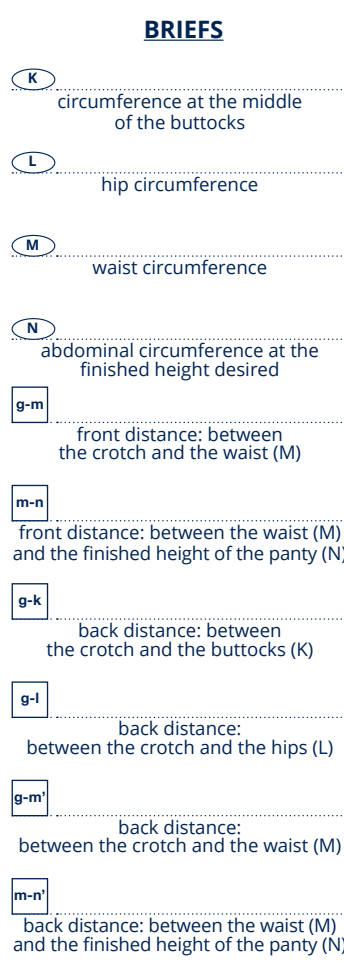
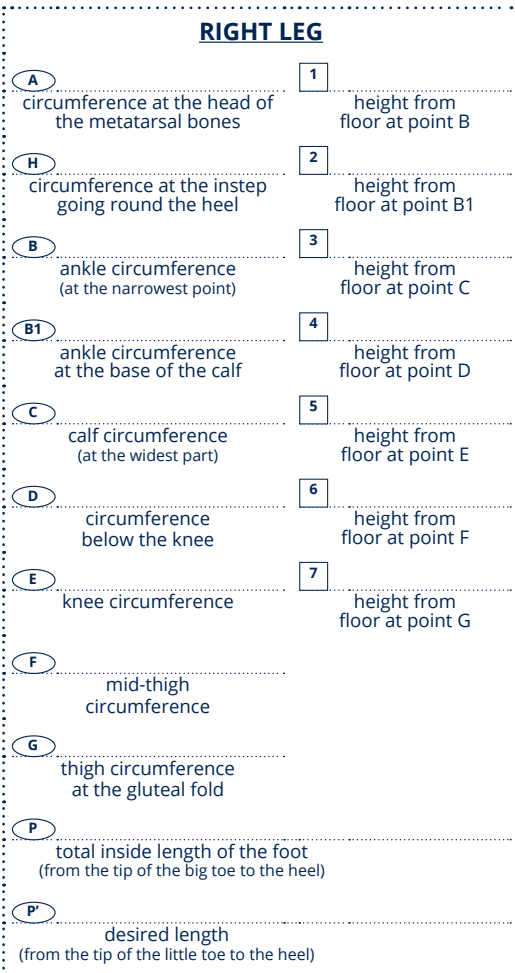
Panty & half-tight fastening

- Belt
- Braces Length: cm

Other*

- Compression pad Dimension (l x h): cm
- Position: to be drawn in

Comments



Please contact your regular Thuasne distributor