



RETAILER IDENTIFICATION

Customer code:

Case No. for renewal

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.**

Models

- Hood
 Chin band

Fabrics

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

Options

- | | | |
|--|--------------------------|--------------------------|
| | UNCOVERED | COVERED |
| Coverage | | |
| <input type="checkbox"/> Face | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ridge of nose | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Right ear | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Left ear | <input type="checkbox"/> | <input type="checkbox"/> |

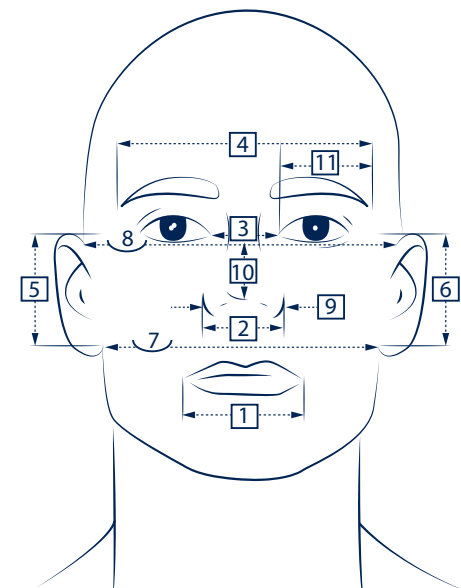
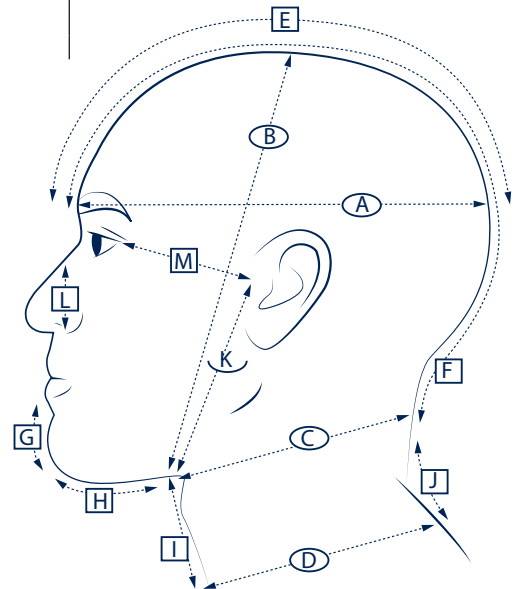
Other

- Compression pad Removable Fixed

Dimensions (l x h): cm
Position: to be drawn in

Comments

| | | |
|-----------|--|--|
| A | horizontal head circumference | |
| B | vertical head circumference | |
| C | upper neck circumference | |
| D | lower neck circumference - end of bandage | |
| E | nasal bone / occipital protuberance | |
| F | nasal bone / upper neck circumference | |
| G | lower lip - tip of the chin | |
| H | tip of the chin - upper base of neck | |
| I | front neck height | |
| J | back neck height | |
| K | ear canal - ear canal under the chin | |
| L | lateral measurement of nose length | |
| M | distance external canthus - ear canal | |
| 1 | mouth width | |
| 2 | nose width | |
| 3 | space between the eyes, inner | |
| 4 | space between the eyes, outer | |
| 5 | length of right ear | |
| 6 | length of left ear | |
| 7 | bottom of ear - bottom of ear above the upper lip | |
| 8 | top of ear - top of ear above the top of the nose | |
| 9 | wing of the nose - wing of the nose above the nasal bone | |
| 10 | nose length | |
| 11 | eye width | |



circumference in cm
 length in cm
 half-circumference in cm

Please contact your regular Thuasne distributor