



RETAILER IDENTIFICATION

Case No. for renewal

Patient's surname: _____

Patient's first name : _____

1st treatment

Gender : M F Child

Date: _____

Patient's height : _____

Quantity: _____

Customer code: _____

**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

- Sock
 Stocking
 Tights
 Half-tight (short leg up to E marker)
 Panty

LEFT RIGHT

Compression

- Class 3 (20 - 36 mmHg)
 Class 4 (> 36 mmHg)
 No compression

LEFT RIGHT BRIEF

 - -

Colours

- Beige
 Tanning beige
 Black

Sock options

- Elastic plain braid 3 cm
 Anti-slip with silicone dots 3 cm
 Without anti-slip

LEFT RIGHT

Stocking options

- Anti-slip with silicone dots 5 cm
 Angled thigh end
 Hip cover

LEFT RIGHT

Tights, half-tight & panty options

Belt

- Elastic belt 5 cm
 Adjustable elastic belt
 Without belt

Opening

- Opening zipper
 Opening velcro
 Without opening

LEFT RIGHT MIDDLE FRONT*

* only for women

Length cm

Other

- Hygiene tab (soft fabric)
 Combination with stocking (for half-tight and panty only)

* Only for women

General option

Toe

- Open toe
 Closed toe
 With toes

LEFT RIGHT

(Please fill in TOE CAP measurement form)

Compression pad

- Instep compression pad
 Medial malleolus compression pad
 Lateral malleolus compression pad

LEFT RIGHT

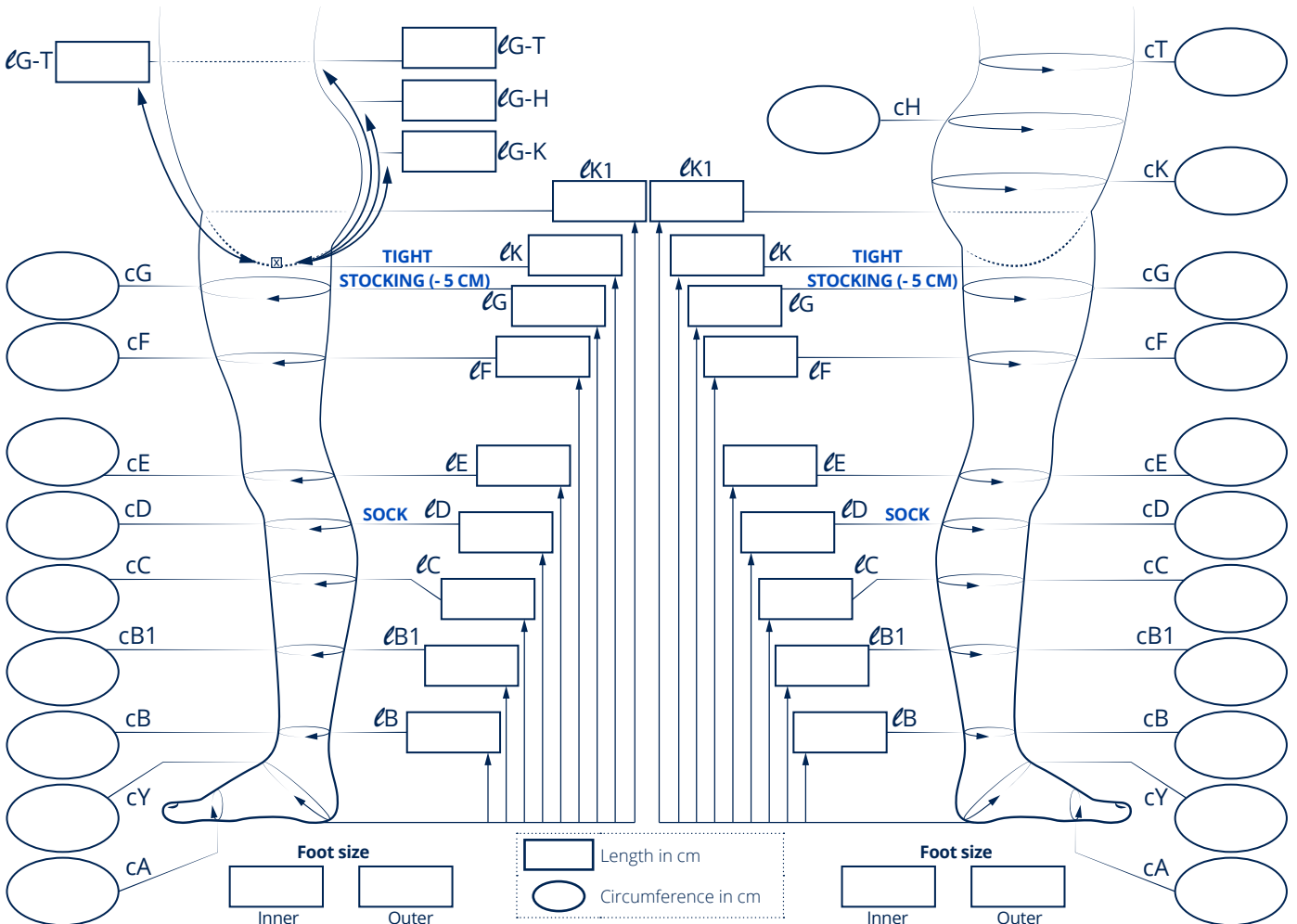
Dimension (l x h):

Comments

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Please contact your regular Thuasne distributor