



- 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.**

RIGHT ARM  LEFT ARM

Fill out one form for each side

**Models**

- Armsleeve
- Armsleeve with mitten

**Sleeve options**

- Anti-slip with silicone dots 3 cm
- Velcro opening (maximum 1/3 of the total height of the product.  
Draw the desired position on the diagram)

**Mitten options**

- With thumb
- Without thumb

**Comments**

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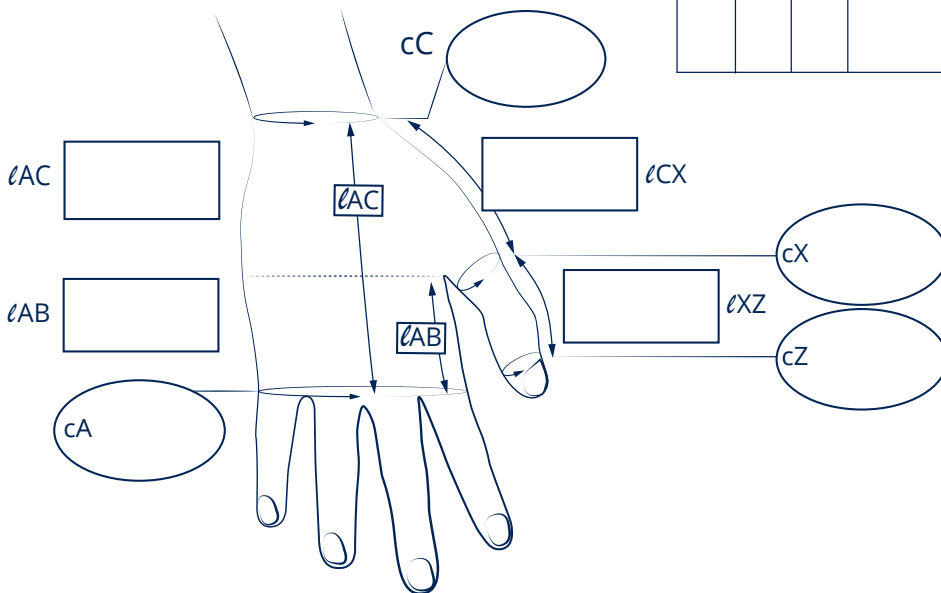
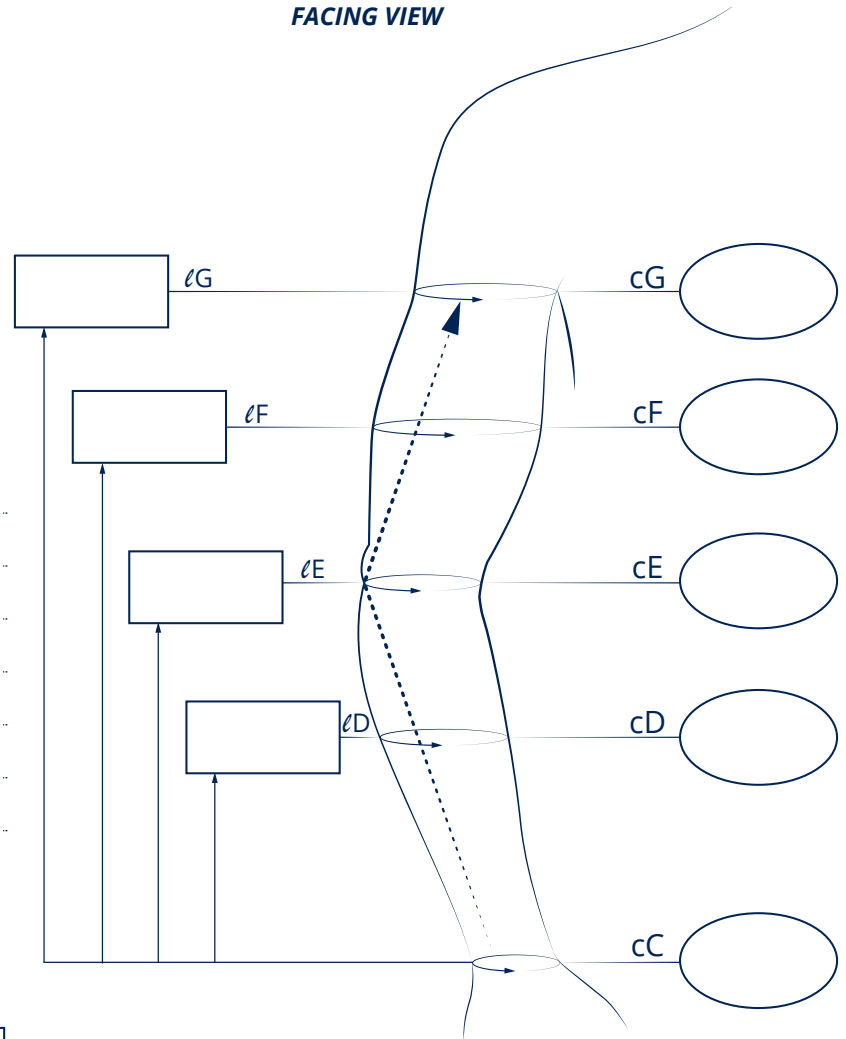
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FACING VIEW



---> Positioning the measuring tape to measure heights

Length in cm

Circumference in cm

**Please contact your regular Thuasne distributor**