

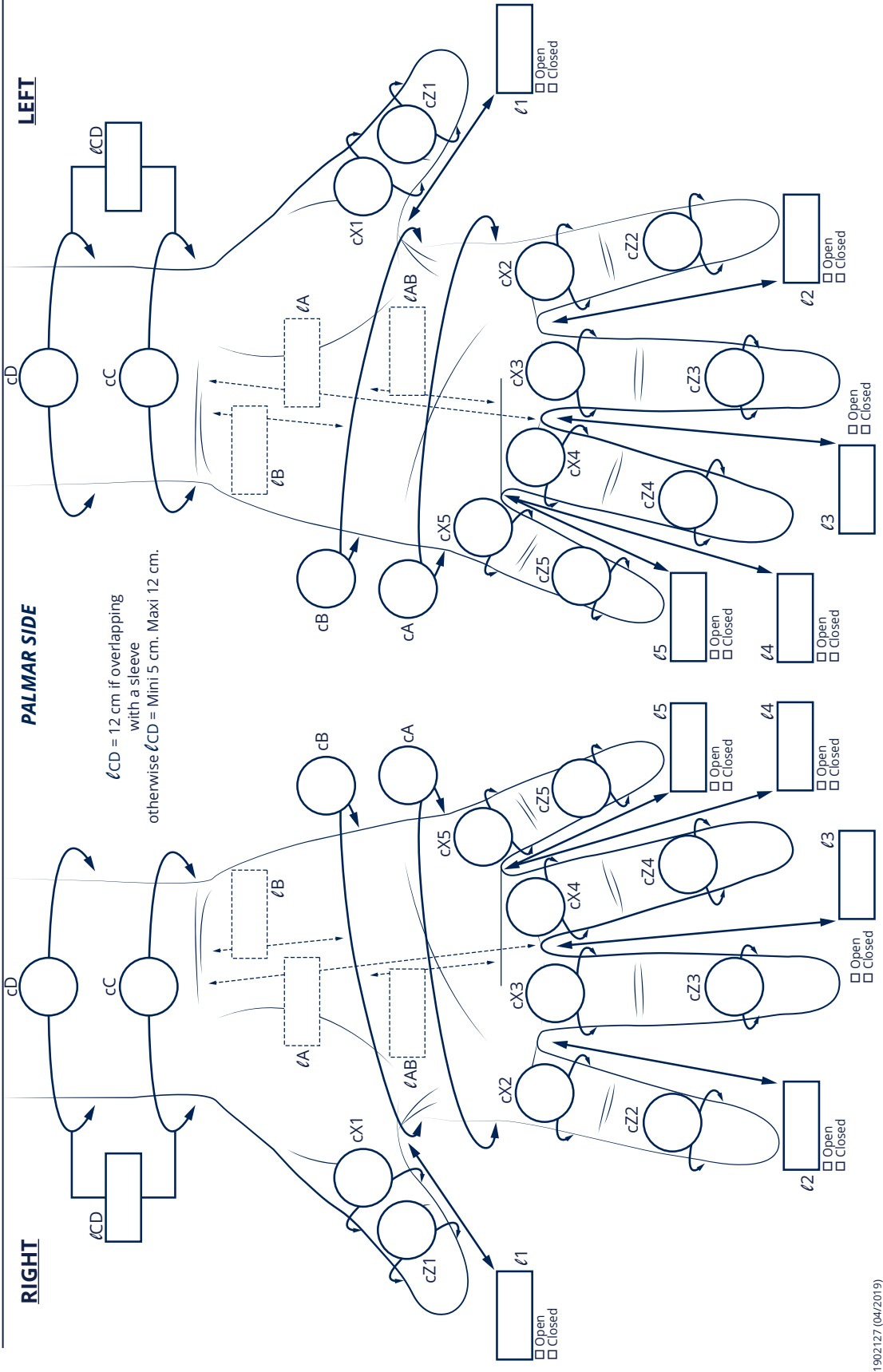
RETAILER IDENTIFICATION

Patient's surname:
 Patient's first name:
 Gender: M F Child
 Patient's height:

Case No. for renewal

1st treatment
 Date:
 Quantity:

Customer code:



If possible, please enclose photos of the limb to be fitted.

Please draw in the contours and the garment on the diagram and cross unnecessary measures.

For open fingers, please indicate the desired length of each finger.

- Indication**
- Lymphology
 - Major burn
- Compression**
- Class 2 (15 - 20 mmHg)
 - Class 3 (20 - 36 mmHg)*
 - Class 4 (> 36 mmHg)*
- * Not available for major burn
- Colours**
- Beige
 - Tanning beige
 - Black
- Option**
- Non compressive cuff ($l_{CD} = 12$ cm)
- Comments**
-
-
-
-