



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**

- Sock
- Stocking
- Half-tight
- Tights

**Compression**

- Class 2 (15 - 20 mmHg)
- Class 3 (20 - 36 mmHg)
- Class 4 (> 36 mmHg)

\* The compression level of the briefs must be identical to one of the two legs.

**Sock options**

- Anti-slip with silicone dots 3 cm
- Without anti-slip (ribbed edge)

**Stocking options**

- Anti-slip with silicone dots 5 cm
- Silicone anti-slip for men 5 cm
- Silicone anti-slip for women 5 cm
- Latex anti-slip 3 cm
- Without anti-slip

LEFT RIGHT

- 
- 

LEFT RIGHT BRIEF\*

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- 
- 

LEFT RIGHT

- 
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LEFT RIGHT

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- 
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- 

**Half-tight options**

- Short part side

Short part measure (LGF)

LEFT RIGHT

cm

**General options**

**Toe**

- Open toe
- Closed toe

**Compression pad**

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

Compression pad dimensions (l x h)

LEFT RIGHT

cm

**Comments**

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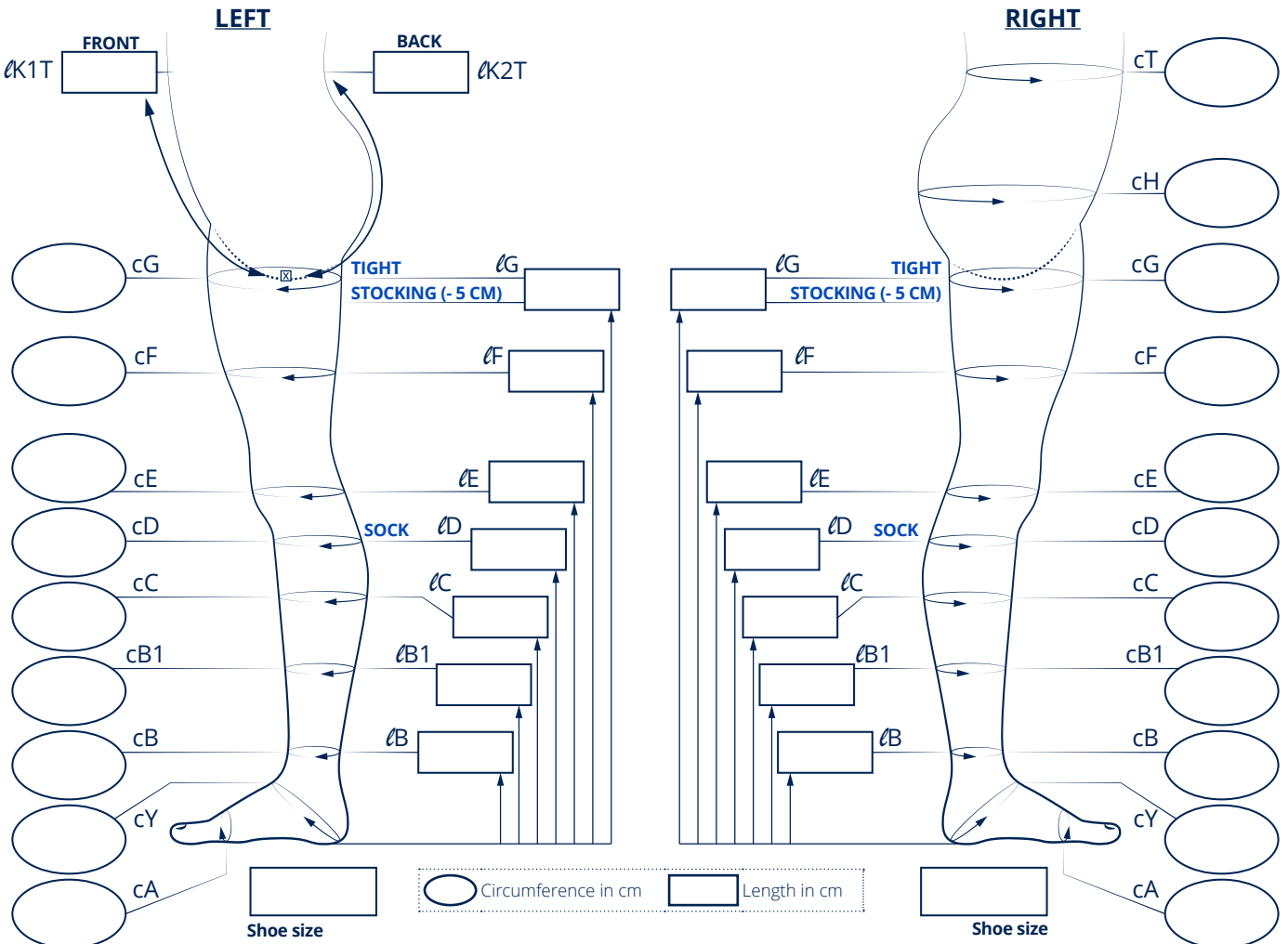
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Please contact your regular Thuasne distributor