

## **CICATREX**



HAND No. 2

THUASNE		RDER (by default) QUOTAT	ION   RENEWAL
Patient's surname:			
Patient's first name:		Delicate had be	
		Patient's height:	
them to Thuasne comp medical device in accor Regulation No 2016/67 the rights of access, rec	pany as part c dance with Lav 9/EU of 27 Ap ctification, port	f the processing of my made to measure w No 78-17 of 6 January 1978, and European ril 2016, I have rights including in particular ability and deletion of my data, ng the health care professional from whom	PATIENT SIGNATURE

<b>Customer</b> code		
Case No. for renewal		
☐ 1st treatr	nent	
Date:	Quantity:	
	RETAILER IDENTIFICATION	

If possible, please enclose photos of the limb to be fitted Please draw in the con For open

	um circumferences of 2.6 cm, minimum lengt of 1 cm.	th of	☐ Zipper Position: ☐ Palm of har	□ Self-fastenii
Circu	mferences			Measures in cm
22	Wrist circumference + 5 cm max			
23	Wrist circumference			
E	Circumference of the hand at the head of the metacarpal bones			
F	Circumference of the little finger at	the 1st pha	llanx	
G	Circumference of the little finger at	the 3rd ph	alanx	
H	Circumference of the ring finger at t	the 1st pha	lanx	
	Circumference of the ring finger at t	the 3rd pha	alanx	
(1)	Circumference of the middle finger	at the 1st p	halanx	
K	K Circumference of the middle finger at the 3rd phalanx			
L	Circumference of the index finger at the 1st phalanx			
M	Circumference of the index finger a	t the 3rd pl	nalanx	
N	Circumference of the thumb at the	1st phalan	(	
0	Circumference of the thumb at the	2nd phala	nx	
Desir	ed length	Fii	ngertips	Measures in cm
D	Length of the palm surface of the hand			
Р	Length of the little finger	OPE	N 🗌 CLOSED	
Q	Length of the ring finger	☐ OPEI	N 🗌 CLOSED	
R	Length of the middle finger	☐ OPEI	N □ CLOSED	
s	Length of the index finger	□ ОРЕІ	N □ CLOSED	
Т	Length from the tip of the index finger to the join with the thumb			
U	Thumb length	□ ОРЕІ	N 🗆 CLOSED	
z	Length of the sleeve up to 5 cm ma	x		

Indications       □ With sleeve beyond 5 cm and up to the armpit as maximum         □ Major burn (by default)       (fill in form Arm No. 3)       □ Separate       □ Attached       □ Dimensions (ℓ x h):       □ c         □ EDS (Ehlers-Danlos Syndrome)       Finger protector       Position: to be drawn in	□ RIGHT HAND □ LEFT HAND  Fill in one form for each side	Options Proximal end	Compression pad  Compression pad only
Major burn (by default)	ndications	With length on wrist (5 cm max)	Pocket for compression pad
□ EDS (Ehlers-Danlos Syndrome)  Fabrics  □ Cicatrex Filifine* □ Cicatrex AirSkin**  □ C			Dimensions (£ x h): cm
Fabrics  WHITE BEIGE BLACK Cicatrex Filifine*  Cicatrex AirSkin**  Opening Type:  Zipper Self-fastening Dimensions:		Finger protector	Position: to be drawn in
Minimum circumferences of 4.6 cm, minimum length of fingers of 2 cm.  Type:  Zipper Self-fastening Dimensions: cm  Fingers of 1 cm.		· · · · · · · · · · · · · · · · · · ·	
Lipaim or nand Liback of nand Little finger side	Minimum circumferences of 4.6 cm, minimum length of fingers of 2 cm.  *Minimum circumferences of 2.6 cm, minimum length of	Type:  □ Zipper □ Self-fastening □ Dimensions: □ cm  Position:	Comments
	l l	☐ Palm of hand ☐ Back of hand ☐ Little finger side	l
<b>Circumferences</b> Measures in cm	Circumferences	Measures in cm	1

Circumforance in one Length in co-	E F H W K S T	Wrist + 5 cm max  Wrist
Circumterence in cmLengtin in cm	Circumference in cm Length in cm	