



**THUASNE**

# CICATREX



LEG No. 4a

**ORDER** *(by default)*  **QUOTATION**  **RENEWAL**

Customer code

Case No. for renewal

1st treatment

Date: ..... Quantity: .....

Patient's surname: .....

Patient's first name: .....

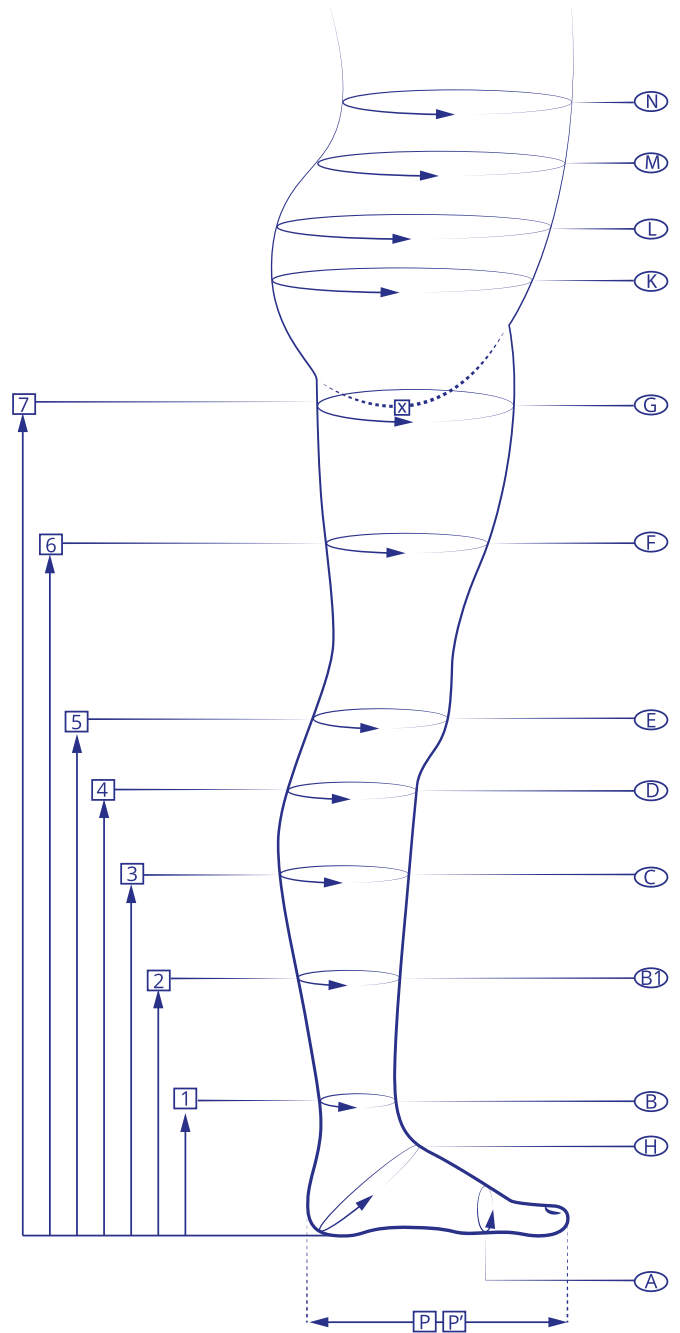
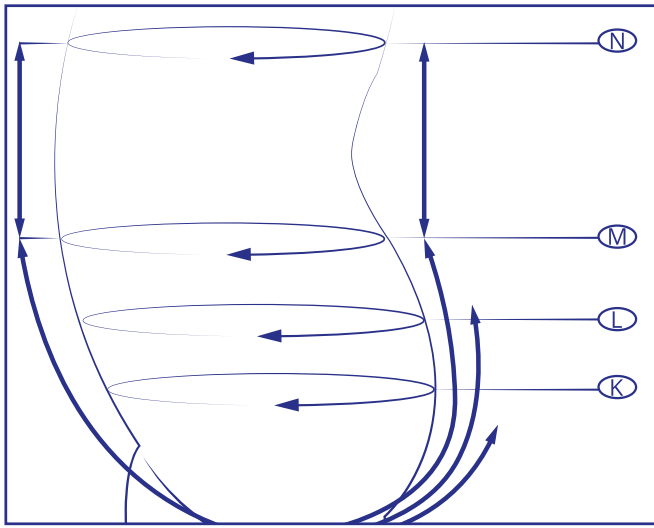
Gender:  M  F  Child Patient's height: .....

I authorize my health care professional to collect my data and to communicate them to Thuasne company as part of the processing of my made to measure medical device in accordance with Law No 78-17 of 6 January 1978, and European Regulation No 2016/679/EU of 27 April 2016, I have rights including in particular the rights of access, rectification, portability and deletion of my data. I can exercise these rights by contacting the health care professional from whom I ordered my medical device.

PATIENT SIGNATURE

RETAILER IDENTIFICATION

**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.  
Please also fill in form No. 4b.**



Circumference in cm Length in cm Crotch

**Please contact your regular Thuasne distributor**



**THUASNE**

**CICATREX**



LEG No. 4b

**ORDER** (by default)  **QUOTATION**  **RENEWAL**

Customer code

Case No. for renewal

1st treatment

Date: ..... Quantity: .....

Patient's surname: .....

Patient's first name: .....

Gender:  M  F  Child Patient's height: .....

I authorize my health care professional to collect my data and to communicate them to Thuasne company as part of the processing of my made to measure medical device in accordance with Law No 78-17 of 6 January 1978, and European Regulation No 2016/679/EU of 27 April 2016, I have rights including in particular the rights of access, rectification, portability and deletion of my data. I can exercise these rights by contacting the health care professional from whom I ordered my medical device.

PATIENT SIGNATURE

RETAILER IDENTIFICATION

**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.  
Please also fill in form No. 4a.**

**Indications**

- Major burn (by default)
- EDS (Ehlers-Danlos Syndrome)

**Models**

- Below-knee
- Leg only
- Half-tight belt
- Panty

**Fabrics**

- Cicatrex Nature
- Cicatrex Fillfine
- Cicatrex AirSkin

	WHITE	BEIGE	BLACK
<input type="checkbox"/> Cicatrex Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cicatrex Fillfine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cicatrex AirSkin	-	<input type="checkbox"/>	<input type="checkbox"/>

**Options**

- Crotch**
- Open
- Hygiene tab
- Closed
- Gusset
- Kangaroo pouch

**Self-fastening (for vest)**

- Vest over panty
- Panty over vest

**Foot**

- Open
- Closed
- Attached
- Separate

**Stomach opening**

- Type:
- Zipper
- Length:  cm

Position:

- Front  Back  Right  Left

**Soft fabric**

- Knee
- Heel
- Other: .....

**Leg opening**

- Type:
- Zipper
- Self-fastening
- Length:  cm

Position (to be drawn in):

- Front position
- Back position (panty only)
- Outer position
- Inner position (sock only)

**Sock & leg fastening**

- Without anti-slip
- Silicone anti-slip for men 5 cm
- Silicone anti-slip for women 5 cm
- Anti-slip with silicone dots 3 cm
- Elastic plain braid 3 cm

**Panty & half-tight fastening**

- Belt
- Braces
- Length:  cm

Other

- Compression pad
- Dimensions (L x H):  cm
- Position: to be drawn in

**Comments**

**RIGHT LEG**

- A** 1 Circumference at the head of the metatarsal bones Height from floor at point B
- H** 2 Circumference at the instep going round the heel Height from floor at point B1
- B** 3 Ankle circumference (at the narrowest point) Height from floor at point C
- B1** 4 Ankle circumference at the base of the calf Height from floor at point D
- C** 5 Calf circumference (at the widest part) Height from floor at point E
- D** 6 Circumference below the knee Height from floor at point F
- E** 7 Knee circumference Height from floor at point G
- F** Mid-thigh circumference
- G** Thigh circumference at the gluteal fold
- P** Total inside length of the foot (from the tip of the big toe to the heel)
- P'** Desired length (from the tip of the little toe to the heel)

**BRIEFS**

- K** Circumference at the middle of the buttocks
- L** Hip circumference
- M** Waist circumference
- N** Abdominal circumference at the finished height desired
- G-M** Front distance: between the crotch and the waist (M)
- M-N** Front distance: between the waist (M) and the finished height of the panty (N)
- G-K** Back distance: between the crotch and the buttocks (K)
- G-L** Back distance: between the crotch and the hips (L)
- G-M'** Back distance: between the crotch and the waist (M)
- M-N'** Back distance: between the waist (M) and the finished height of the panty (N)

**LEFT LEG**

- A** 1 Circumference at the head of the metatarsal bones Height from floor at point B
- H** 2 Circumference at the instep going round the heel Height from floor at point B1
- B** 3 Ankle circumference (at the narrowest point) Height from floor at point C
- B1** 4 Ankle circumference at the base of the calf Height from floor at point D
- C** 5 Calf circumference (at the widest part) Height from floor at point E
- D** 6 Circumference below the knee Height from floor at point F
- E** 7 Knee circumference Height from floor at point G
- F** Mid-thigh circumference
- G** Thigh circumference at the gluteal fold
- P** Total inside length of the foot (from the tip of the big toe to the heel)
- P'** Desired length (from the tip of the little toe to the heel)

Please contact your regular Thuasne distributor