

LYMPHATREX Essential



SLEEVES - CIRCULAR KNIT

ORDER (by default) QUOTATION RENEWAL

| (Sy delidally) | |
|--|----------------------|
| | |
| 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 |

| Customer code | |
|-------------------------|-----------------------|
| Case No. for renewal | |
| ☐ 1st treatment | |
| Date: | Quantity: |
| | - |
| D | ETALLED |
| | ETAILER TIFICATION |
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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.

We do not make fingers, except for the thumb. If you want fingers, please change your order over to Lymphatrex Expert.

| □ RIGHTARM □ LEFTARM Fill out one form for each side Models | FACING VIEW ARMSLEEVE |
|---|--|
| Armsleeve □ Armsleeve with mitten □ Mitten Compression □ Class 2 (15 - 20 mmHg) □ Class 3 (20 - 36 mmHg) | ℓGH H |
| Colors Beige Black | ℓG cG |
| Armsleeve options □ Elastic plain braid 3 cm □ Anti-slip with silicone dots 3 cm □ Silicone anti-slip for women 5 cm □ Shoulder cover (indicate measures IGH and cH) | ℓF CF |
| Mitten options □With thumb □Without thumb | ℓE CE |
| MITTEN | 6 cm cC1 |
| eac ecx | CC |
| eab exz | cZ cZ |
| cA O | Positioning the measuring tape to measure heights Length in cm Circumference in cm |