



**THUASNE**

# VENOFLEX MADE-TO-MEASURE PATIENT



## STOCKINGS - CIRCULAR KNIT

**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.**

### Models

- Below-knee
- Thigh-high
- Tights

### Compression

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

### Colors

- Beige
- Black

### Below-knee options

- Without anti-slip (ribbed edge)
- Anti-slip with silicone dots 3 cm
- Anti-slip with silicone dots 5 cm

### Thigh-high options

- Anti-slip with silicone dots 5 cm
- Silicone anti-slip for women 5 cm
- Hip cover

(indicate measures cT, cH,  $\ell$ K1T and  $\ell$ K2T)

LEFT RIGHT

LEFT RIGHT

LEFT RIGHT

LEFT RIGHT

LEFT RIGHT

### General options

#### Toe

- Open toe
- Closed toe

#### Compression pad

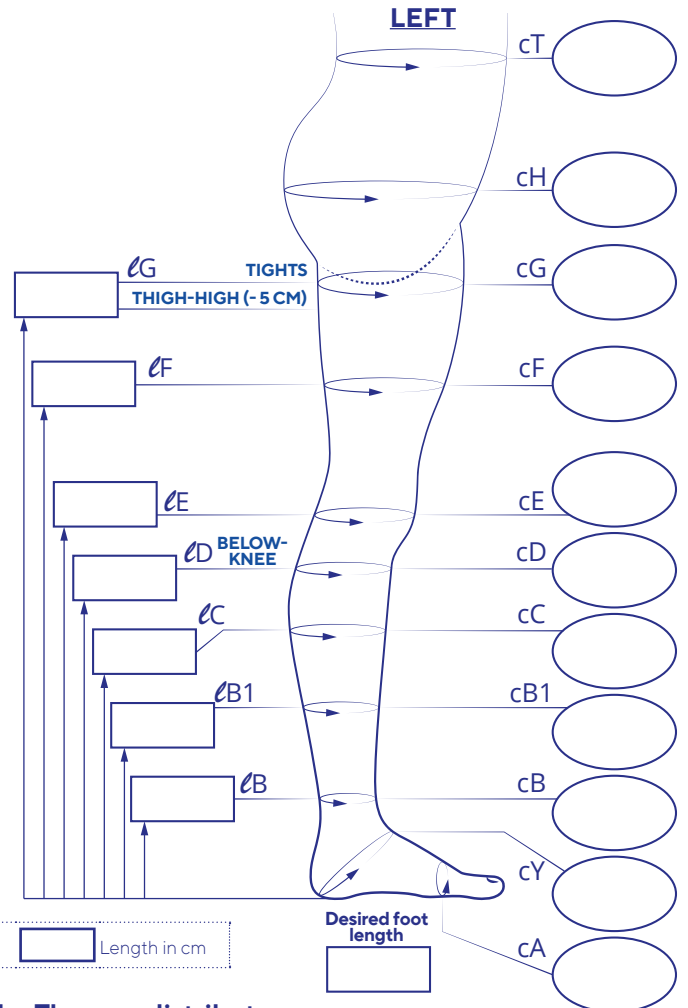
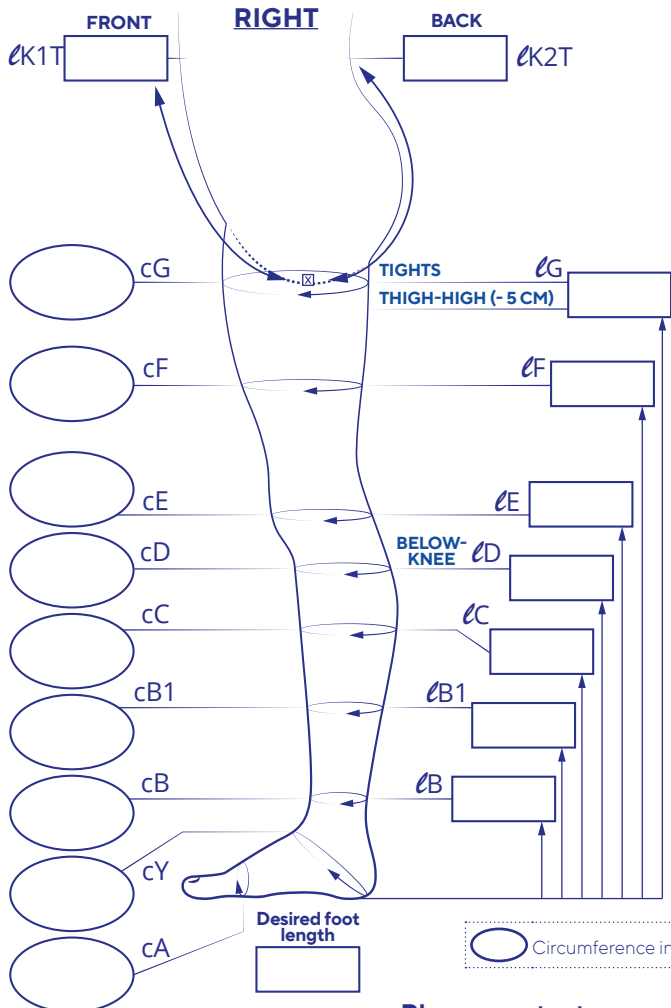
- Instep compression pad
- Medial malleolus compression pad
- Lateral malleolus compression pad

LEFT RIGHT

Dimensions ( $\ell$ xh)  cm

- Foam type
- Soft 7 mm
  - Hard 5 mm

### Comments



Circumference in cm Length in cm

**Please contact your regular Thuasne distributor**