Patient's surname:

Case No. for renewal
Patient's first name:
Gender: $\square \mathrm{M} \quad \square \mathrm{F} \quad \square$ Child

Patient's height: $\qquad$ Date : Quantity:

## Customer code:

If possible, please enclose photos of the limb to be fitted.
Please draw in the contours of the garment on the diagram in black felt-tip pen.
Please complete form No. 4 for the rest of the lower limb.
For open toes, please indicate the length desired for each toe.
$\square$ RIGHT FOOT $\square$ LEFT FOOT
Indications
$\square$ Major burn (by default)
$\square$ EDS (Ehlers-Danlos Syndrome)
Fabrics
$\square$ Cicatrex Filifine*
$\square$ Cicatrex AirSkin**
*Minimum circumferences of 4.6 cm , minimum length of fingers of 2 cm . No closed toes.
**Minimum circumferences of 2.6 cm , minimum length of fingers of 2 cm .



