

ORDER (by default)
QUOTATION
RENEWΔI

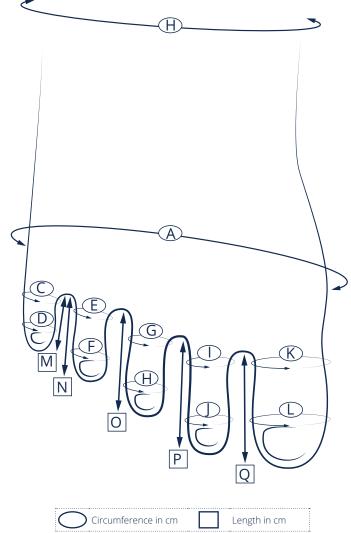


RETAILER IDENTIFICATION	Patient's surname:	Case No. for renewal	
	Patient's first name:		
	Gender:□M □F □Child	☐ 1st treatment	
	Patient's height:	Date :Quantity:	
Customer code:	☐ I authorize my health care professional to collect my data and to communicate them to Thuasne company as part of the processing 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 to who I ordered my medical device.	Patient signature	

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.

☐ RIGHT FOOT Fill in one form for each side		FOOT		Option ☐ Compression pad		1	Comments
Indications ☐ Major burn (by default) ☐ EDS (Ehlers-Danlos Synd	rome)			Dimensions (ℓ x h): Position:	to be drawn	cm in	
<u>Fabrics</u>	WHITE	BEIGE	BLACK				
Cicatrex Filifine*	-						

Circu	Measures in cm					
H	Circumference at the instep					
A	Circumference at the head					
©						
D						
E						
F						
G						
H						
0						
K						
L						
Desir	Measures in cm					
М	Length of little toe	OPEN	☐ CLOSED			
N	Length of 4th toe	☐ OPEN	☐ CLOSED			
0	Length of 3rd toe	☐ OPEN	CLOSED			
Р	Length of 2nd toe	☐ OPEN	CLOSED			
Q	Length of big toe	☐ OPEN	CLOSED			
Total	Measures in cm					
Length						
Length	Length of the outside of the foot (from the tip of the little toe to the heel)					



^{*}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.