



RETAILER IDENTIFICATION

Patient's surname:
Patient's first name:
 Gender : M F Child
Patient's height:

Case No. for renewal

1st treatment

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 and cross unnecessary measures.

For open fingers, please indicate the desired length for each finger.

RIGHT HAND **LEFT HAND**

Fill in one form for each side

Indications

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

Fabrics

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | WHITE | BEIGE | BLACK |
| <input type="checkbox"/> Cicatrex Filifine* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cicatrex AirSkin** | - | <input type="checkbox"/> | <input type="checkbox"/> |

*Minimum circumferences of 4.6 cm, minimum length of fingers of 2 cm.
 **Minimum circumferences of 2.6 cm, minimum length of fingers of 1 cm.

Options

Proximal end

- With length on wrist (5 cm max)
- With sleeve beyond 5 cm and up to the armpit as maximum (fill in form ARM No. 2) Separate Attached

Finger protector

- Finger protector with strap
- Finger protector without strap

Opening

- Type:
 Zip Velcro Dimensions: cm
 Position:
 Palm of hand Back of hand Little finger side

Compression pad

- Compression pad only
- Pocket for ompression pad

Dimensions (l x h): cm

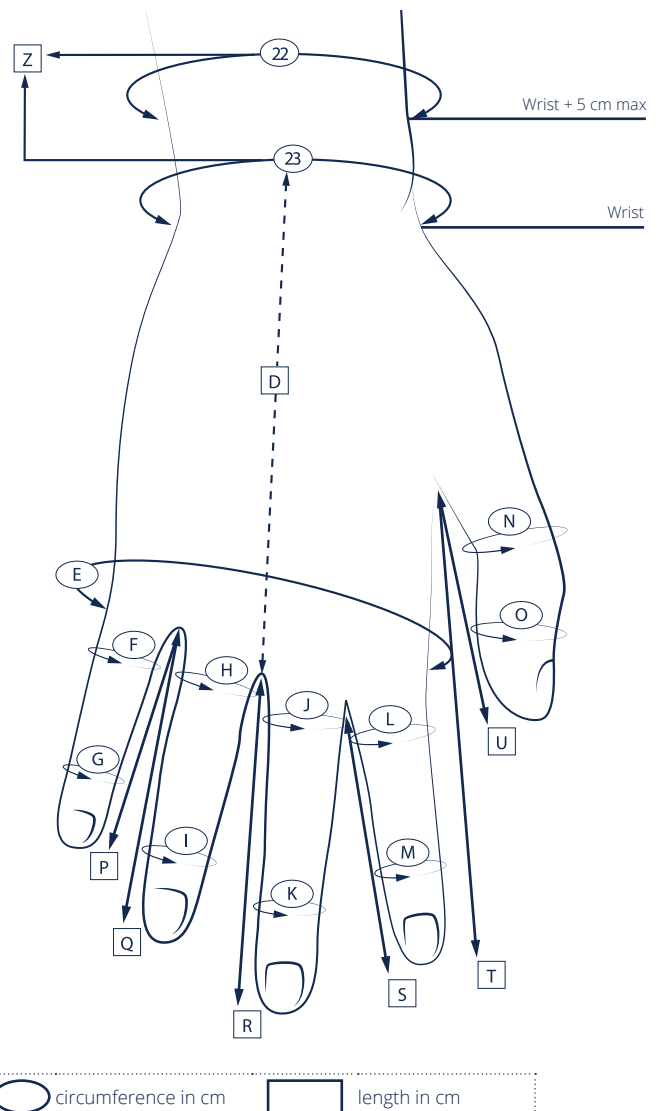
Position: to be drawn in
 Palm of hand Back of hand

Other

- Palm support

Comments

Circumferences		Measures in cm
22	Wrist circumference + 5 cm max	
23	Wrist circumference	
E	Circumference of the hand at the head of the metacarpal bones	
F	Circumference of the little finger at the 1st phalanx	
G	Circumference of the little finger at the 3rd phalanx	
H	Circumference of the ring finger at the 1st phalanx	
I	Circumference of the ring finger at the 3rd phalanx	
J	Circumference of the middle finger at the 1st phalanx	
K	Circumference of the middle finger at the 3rd phalanx	
L	Circumference of the index finger at the 1st phalanx	
M	Circumference of the index finger at the 3rd phalanx	
N	Circumference of the thumb at the 1st phalanx	
O	Circumference of the thumb at the 2nd phalanx	
Desired length	Fingertips	Measures in cm
D	Length of the palm surface of the hand	
P	Length of the little finger	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
Q	Length of the ring finger	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
R	Length of the middle finger	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
S	Length of the index finger	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
T	Length from the tip of the index finger to the join with the thumb	
U	Thumb length	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
Z	Length of the sleeve up to 5 cm max	



Please contact your regular Thuasne distributor