



RETAILER IDENTIFICATION

Patient's surname:

Patient's first name:

Gender : ☐ M ☐ F ☐ Child

Patient's height:

Case No. for renewal

☐ 1st treatment

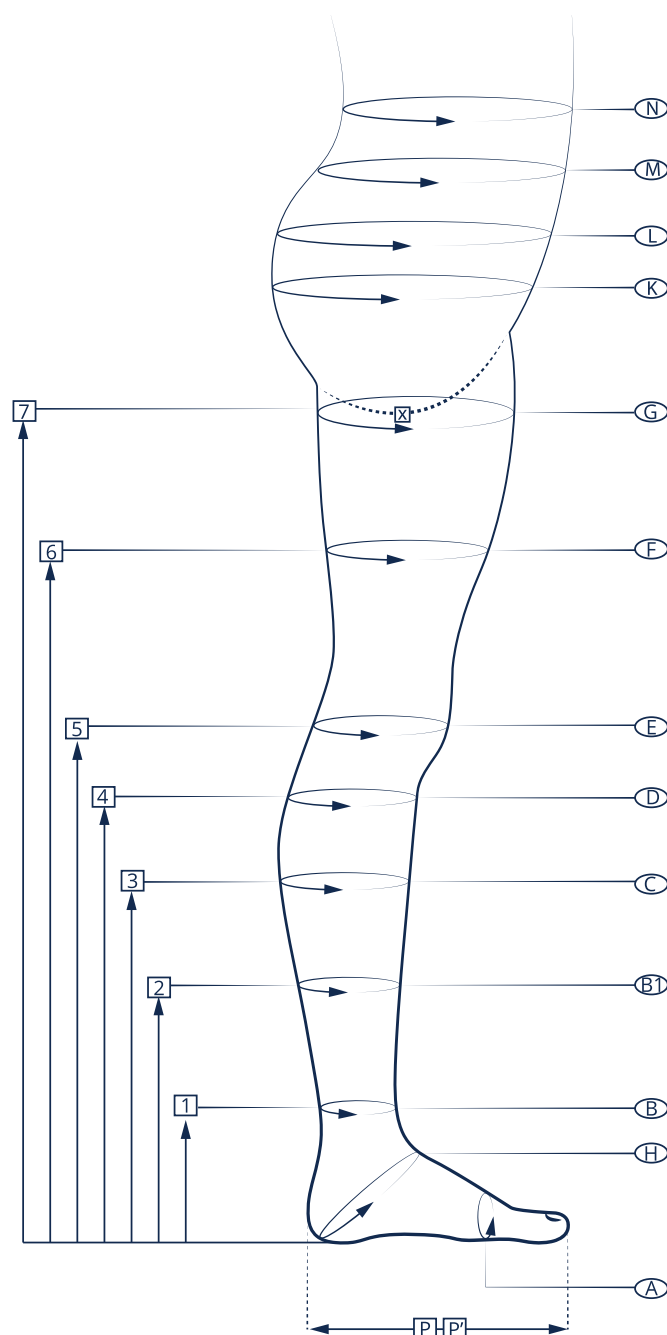
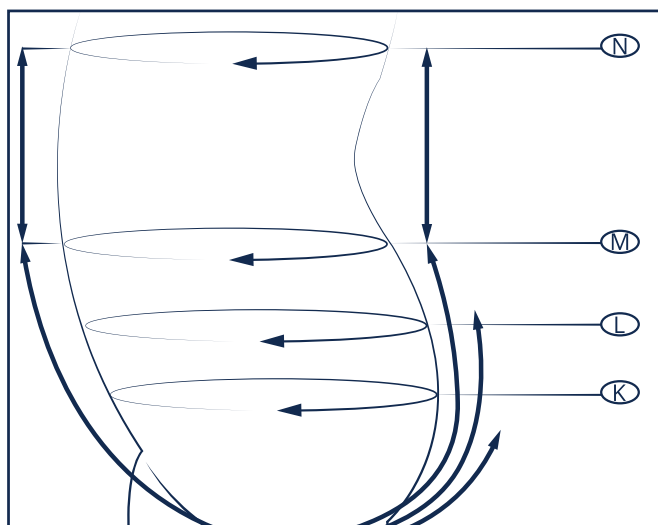
Date : Quantity:

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.
Please also fill in form No. 4b.



Circumference in cm Length in cm ☒ Crotch



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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.

Please also fill in form No. 4a.

Indications

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

Models

- ☐ Below-knee
☐ Leg only
☐ Half-tight belt
☐ Panty

Fabrics

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | WHITE | BEIGE | BLACK |
| <input type="checkbox"/> Cicatrex Nature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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"/> |

Options**Crotch**

- ☐ Open
☐ Hygiene tab
☐ Closed
☐ Gusset
☐ Kangaroo pouch

Velcro fastening (for vest)

- ☐ Vest over panty
☐ Panty over vest

Foot

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| | LEFT | RIGHT |
| <input type="checkbox"/> Open | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Closed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Attached | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Separate | <input type="checkbox"/> | <input type="checkbox"/> |

Stomach opening

- Type:
☐ Zip Length: cm

Position:

- ☐ Front ☐ Back ☐ Right ☐ Left

Soft fabric

- | | | |
|---------------------------------------|--------------------------|--------------------------|
| | LEFT | RIGHT |
| <input type="checkbox"/> Knee | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heel | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | <input type="checkbox"/> | <input type="checkbox"/> |

Leg opening

- Type:
☐ Zip
☐ Velcro

Length: cm**Position: (to be drawn in)**

- | | | |
|---|--------------------------|--------------------------|
| | LEFT | RIGHT |
| <input type="checkbox"/> Front position | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Back position (panty only) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Outer position | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Inner position (sock only) | <input type="checkbox"/> | <input type="checkbox"/> |

Sock & leg fastening

- | | | |
|--|--------------------------|--------------------------|
| | LEFT | RIGHT |
| <input type="checkbox"/> Without anti-slip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Silicone men anti-slip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Silicone women anti-slip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Anti-slip with silicone dots 3 cm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elastic plain braid 3 cm | <input type="checkbox"/> | <input type="checkbox"/> |

Panty & half-tight fastening

- ☐ Belt
☐ Braces Length: cm

Other

- ☐ Compression pad
 Dimensions (L x H): cm
 Position: to be drawn in

Comments**RIGHT LEG**

- | | | |
|---|---|-------------------------------|
| (A) Circumference at the head of the metatarsal bones | 1 | Height from floor at point B |
| (H) Circumference at the instep going round the heel | 2 | Height from floor at point B1 |
| (B) Ankle circumference (at the narrowest point) | 3 | Height from floor at point C |
| (B1) Ankle circumference at the base of the calf | 4 | Height from floor at point D |
| (C) Calf circumference (at the widest part) | 5 | Height from floor at point E |
| (D) Circumference below the knee | 6 | Height from floor at point F |
| (E) Knee circumference | 7 | Height from floor at point G |
| (F) Mid-thigh circumference | | |
| (G) Thigh circumference at the gluteal fold | | |
| (P) Total inside length of the foot (from the tip of the big toe to the heel) | | |
| (P') Desired length (from the tip of the little toe to the heel) | | |

BRIEFS

- | |
|--|
| (K) Circumference at the middle of the buttocks |
| (L) Hip circumference |
| (M) Waist circumference |
| (N) Abdominal circumference at the finished height desired |
| (g-m) Front distance: between the crotch and the waist (m) |
| (m-n) Front distance: between the waist (m) and the finished height of the panty (n) |
| (g-k) Back distance: between the crotch and the buttocks (k) |
| (g-l) Back distance: between the crotch and the hips (l) |
| (g-m') Back distance: between the crotch and the waist (m) |
| (m-n') Back distance: between the waist (m) and the finished height of the panty (n) |

LEFT LEG

- | | | |
|---|---|-------------------------------|
| (A) Circumference at the head of the metatarsal bones | 1 | Height from floor at point B |
| (H) Circumference at the instep going round the heel | 2 | Height from floor at point B1 |
| (B) Ankle circumference (at the narrowest point) | 3 | Height from floor at point C |
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| (D) Circumference below the knee | 6 | Height from floor at point F |
| (E) Knee circumference | 7 | Height from floor at point G |
| (F) Mid-thigh circumference | | |
| (G) Thigh circumference at the gluteal fold | | |
| (P) Total inside length of the foot (from the tip of the big toe to the heel) | | |
| (P') Desired length (from the tip of the little toe to the heel) | | |

Please contact your regular Thuasne distributor