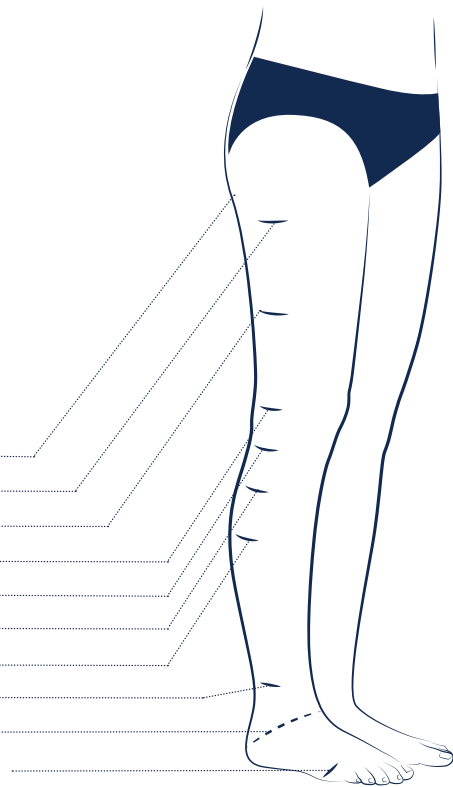


LYMPHATREX STOCKINGS

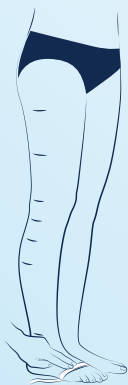
POSITION OF THE ANATOMICAL MARKERS

- K - is located at the crotch (pantys / tights)
- H - corresponds to the widest point of the buttocks (pantys / tights)
- G - is located 5 cm under the gluteal fold
- F - equidistant point between G and E
- E - corresponds to the middle of the patella
- D - is located on the head of the fibula (3 - 4 cm under the patella)
- C - corresponds to the widest point of the calf
- B1 - corresponds to the start of the calf muscles
- B - to be measured at the narrowest point of the ankle
- Y - goes through the instep and the tuberosity of the calcaneus
- A - goes through the heads of the metatarsal bones (at the widest point)



Important: Do not forget to measure and indicate foot lengths (inner/outer).

For a garment with open toe: heel measure - toe tip. For a garment with closed toe: heel measure - desired knitting stop.



Circumference of the head of the metatarsals bones



Circumference of the instep



Circumference of the ankle (the narrowest point)



Circumference of the thigh (at the gluteal fold)



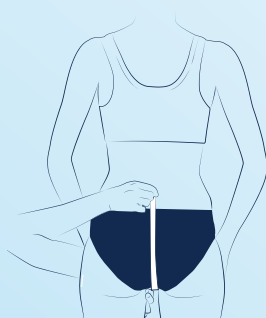
Measurement of the heights (position the meter on the external face of the leg)



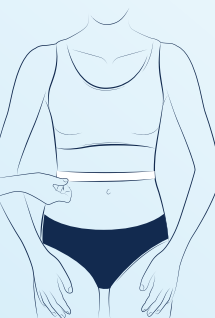
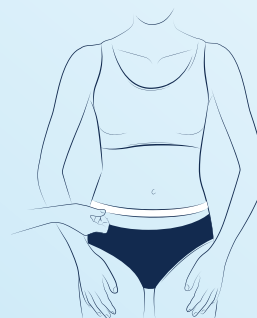
Circumference of the buttocks



Panty / tights: the starting point for ℓ_{GK} , ℓ_{GH} and ℓ_{GT} is the pubic symphysis. These measures must follow the buttocks volume.



Circumference of the hips



Circumference of the waist (or indicate the circumference at the desired height)



- ORDER (by default)
- QUOTATION
- RENEWAL



FLAT KNIT

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 and cross unnecessary measures.**

Models

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Below-knee | LEFT | RIGHT |
| <input type="checkbox"/> Thigh-high | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tights | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Half-tight (short leg up to E marker) | | |
| <input type="checkbox"/> Panty | | |

Compression

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Class 3 (20 - 36 mmHg) | LEFT | RIGHT | BRIEF |
| <input type="checkbox"/> Class 4 (> 36 mmHg) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> No compression | - | - | <input type="checkbox"/> |

Colors

- Beige
- Tanning beige
- Black

Below-knee options

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Elastic plain braid 3 cm | LEFT | RIGHT |
| <input type="checkbox"/> Anti-slip with silicone dots 3 cm | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Without anti-slip (by default) | <input type="checkbox"/> | <input type="checkbox"/> |

Thigh-high options

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Anti-slip with silicone dots 5 cm | LEFT | RIGHT |
| <input type="checkbox"/> Angled thigh end | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip cover | <input type="checkbox"/> | <input type="checkbox"/> |

Tights, half-tight & panty options

- Belt**
- Elastic belt 5 cm
 - Adjustable elastic belt
 - Without belt
- Opening**
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Opening zipper | LEFT | RIGHT | MIDDLE | FRONT* |
| <input type="checkbox"/> Opening velcro | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Without opening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- * Only for women
- Length cm

Other

- Hygiene tab (soft fabric)
- Combination with thigh-high (for half-tight and panty only)

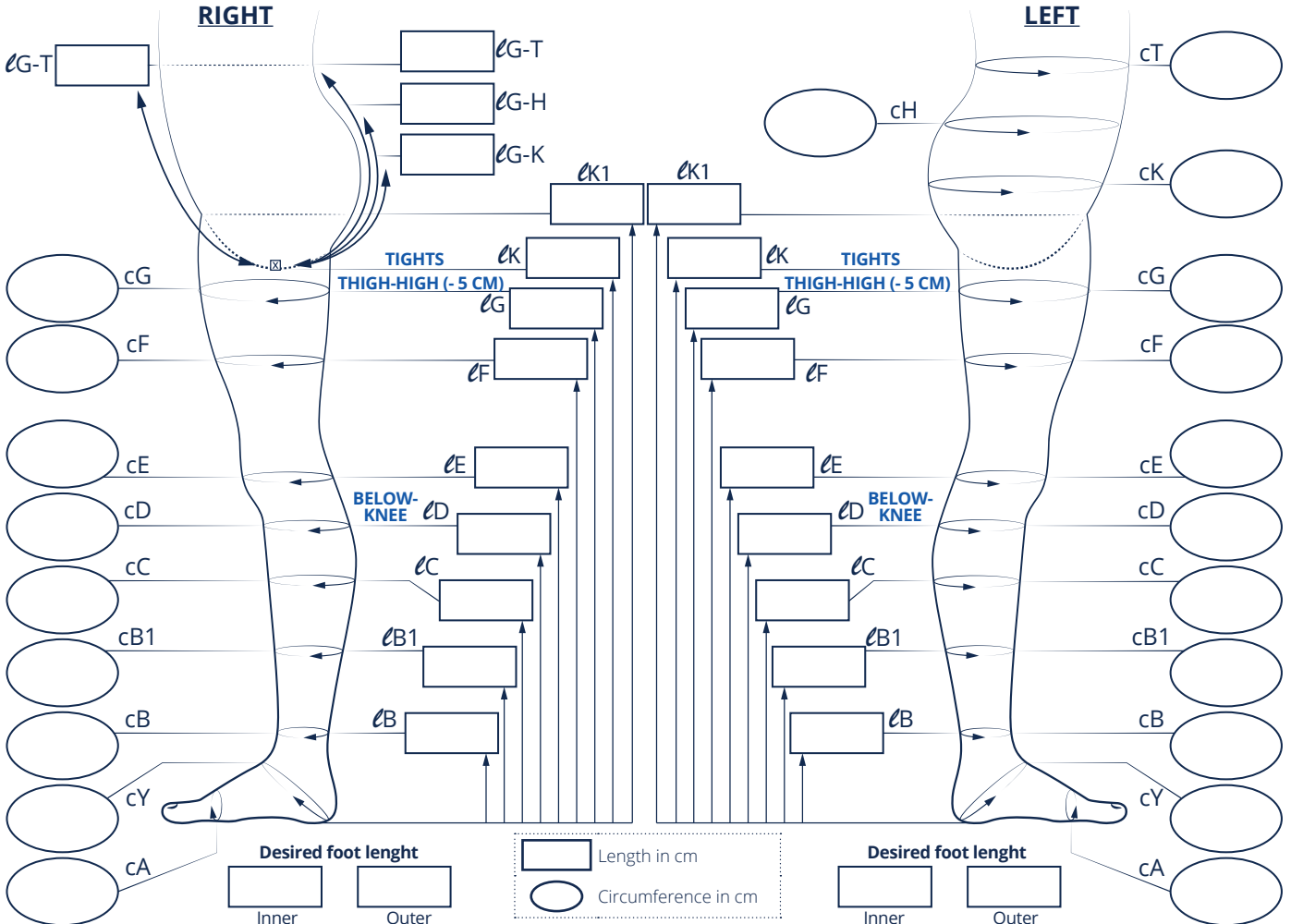
General option

- Toe**
- | | | |
|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Open toe | LEFT | RIGHT |
| <input type="checkbox"/> Closed toe | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> With toes | <input type="checkbox"/> | <input type="checkbox"/> |
- (Please fill in TOE CAP measurement form)

Compression pad

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Instep compression pad | LEFT | RIGHT |
| <input type="checkbox"/> Medial malleolus compression pad | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lateral malleolus compression pad | <input type="checkbox"/> | <input type="checkbox"/> |
- Dimensions (ℓ x h):

Comments



Please contact your regular Thuasne distributor