



- ORDER (by default)
- QUOTATION
- RENEWAL



RETAILER IDENTIFICATION

Customer code:

Patient's surname: .....

Patient's first name: .....

Gender :  M  F  Child

Patient's height: .....

Case No. for renewal

1st treatment

Date : ..... Quantity: .....

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. With open toes only.**

**Models**

- Toe cap
- Attached to below-knee / thigh-high / tights / half-tight  
(please fill in STOCKINGS measurement form)

**Compression**

- Class 3 (20 - 36 mmHg)
- Class 4 (> 36 mmHg)

- |                          |                          |
|--------------------------|--------------------------|
| LEFT                     | RIGHT                    |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                          |                          |
|--------------------------|--------------------------|
| LEFT                     | RIGHT                    |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Colors**

- Beige
- Tanning beige
- Black

**Comments**

.....

.....

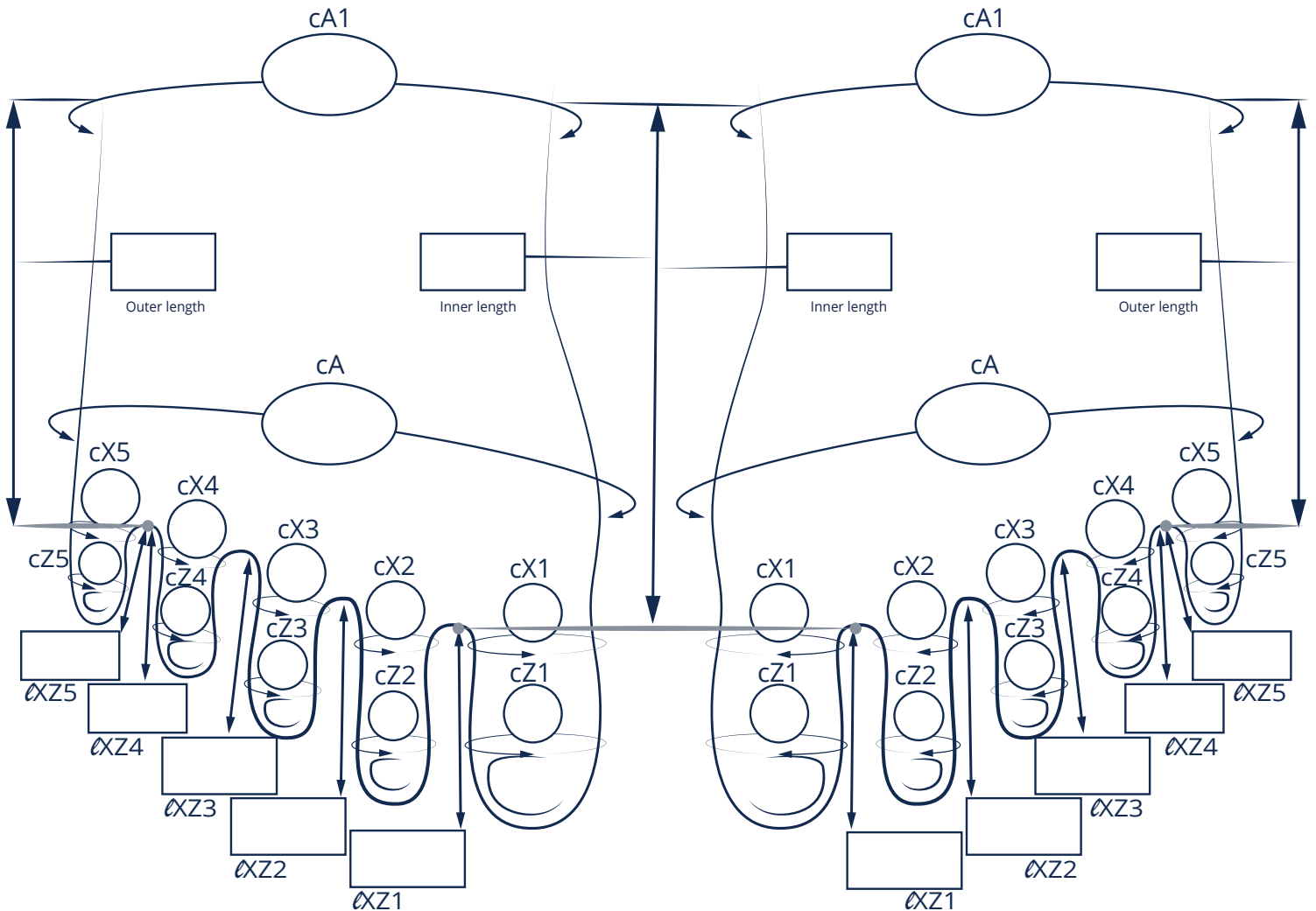
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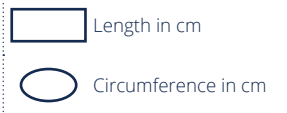
**FACING VIEW**

**RIGHT**

**LEFT**



**Indicate desired toes length (not total length)**



**Indicate desired toes length (not total length)**

**Please contact your regular Thuasne distributor**