Patient's surname Patient's first name Gender: M F  I authorize my healt them to Thuasne° cor medical device in acco Regulation No 2016/6 the rights of access, re I can exercise these rig I ordered my medical of	STOC	QUOTATION  and to communicate y made-to-measure 1978, and European cluding in particular my data	RENEWAL  PATIENT SIGNATURE	Case No. for renewal  1st treatment  Date:	Quantity:
Modèle  □ Below-knee □ Thigh-high  Foam options □ All small blocks □ All big block □ Big blocks on the leg		Mobilizing garment  RIGHT  Distal opti  Open toe  Closed toe  Comment:		necessary measures.	ecific custom device must be
cG cF cE cD cC cC cC	e dots 3 cm ng  #H (for thigh- high only)  **LEFT**  THICK  BELOW	Heigh ex sin-High	eF eE	BELOW KNEE  C  BS  CY1  Desired for Inner (A)	cG cF cE cD cC cB1 cA