



MOBIDERM® MADE TO MEASURE PATIENT



SLEEVES

ORDER (by default) **QUOTATION** **RENEWAL**

Customer code

Case No. for renewal

1st treatment

Date: Quantity:

Patient's surname:

Patient's first name:

Gender: M F Child Patient's height:

I authorize my healthcare 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 healthcare professional from whom I ordered my medical device.

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RETAILER IDENTIFICATION

2409341-01 (2025-01)

**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.**

Mobilizing garment for the treatment of edema.

RIGHT ARM **LEFT ARM**

Fill out one form for each side

Models

- Models Armsleeve (big blocks only)
- Armsleeve with mitten with thumb (big blocks on the arm and small blocks on the hand)
- Armsleeve with mitten without thumb (big blocks on the arm and small blocks on the hand)

Sleeve options

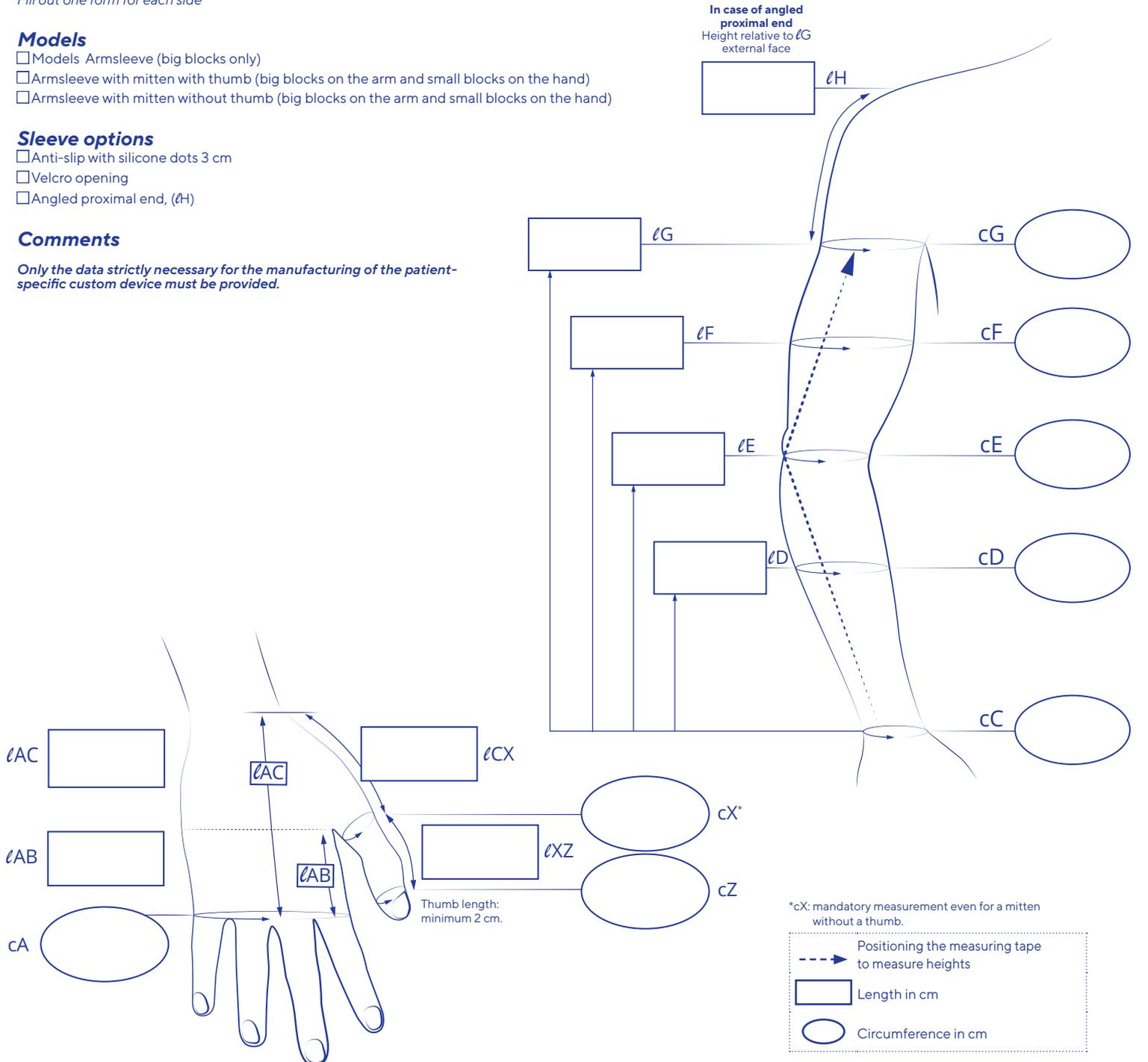
- Anti-slip with silicone dots 3 cm
- Velcro opening
- Angled proximal end, (ℓH)

Comments

Only the data strictly necessary for the manufacturing of the patient-specific custom device must be provided.

FACING VIEW

In case of angled proximal end
Height relative to ℓG
external face



Please contact your regular Thuasne® distributor