



SLEEVES

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

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.

PATIENT
SIGNATURE

Customer
code

Case No.

for renewal

☐ 1st treatment

Date: Quantity:

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

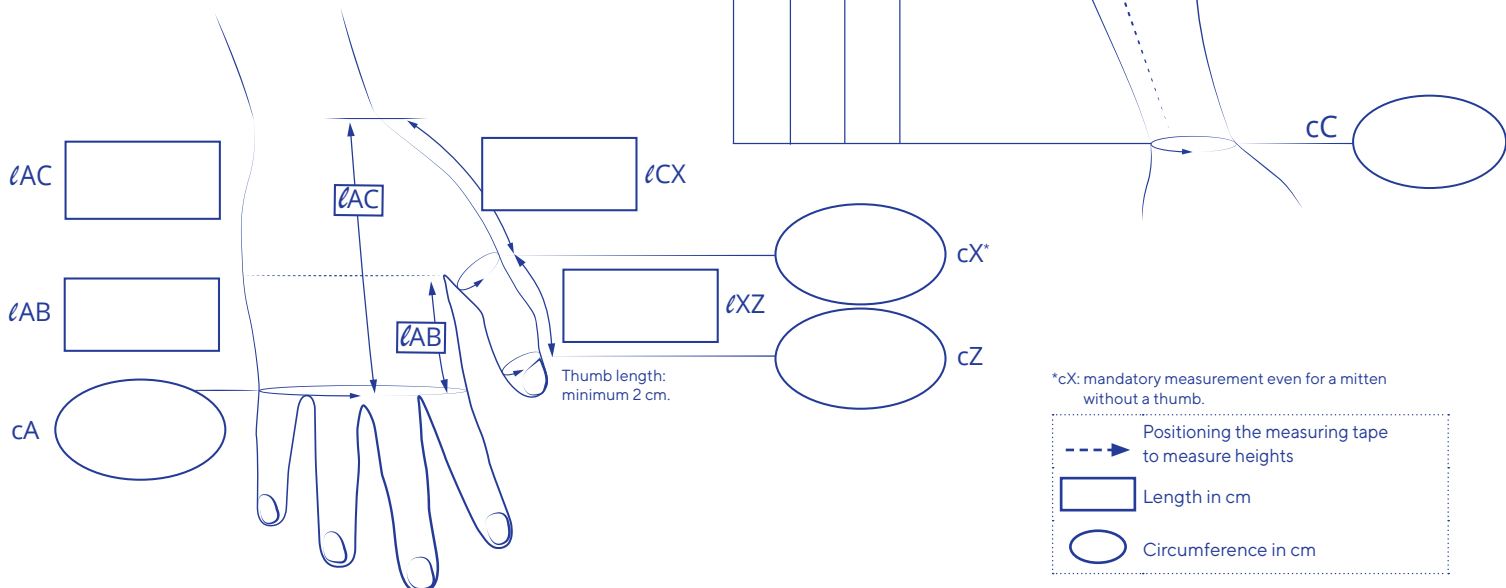
- ☐ Anti-slip with silicone dots 3 cm
- ☐ Velcro opening
- ☐ Angled proximal end, (2H)

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 ℓ_G external face



*cX: mandatory measurement even for a mitten without a thumb.

 Positioning the measuring tape to measure heights
 Length in cm
 Circumference in cm

Please contact your regular Thuasne® distributor