



MOBIDERM



STOCKINGS



☐ 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 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 from whom I ordered my medical device.

PATIENT SIGNATURE

RETAILER IDENTIFICATION

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

- ☐ Below-knee
☐ Thigh-high

LEFT

- ☐
☐

RIGHT

- ☐
☐

Distal options

- ☐ Open toe
☐ Closed toe

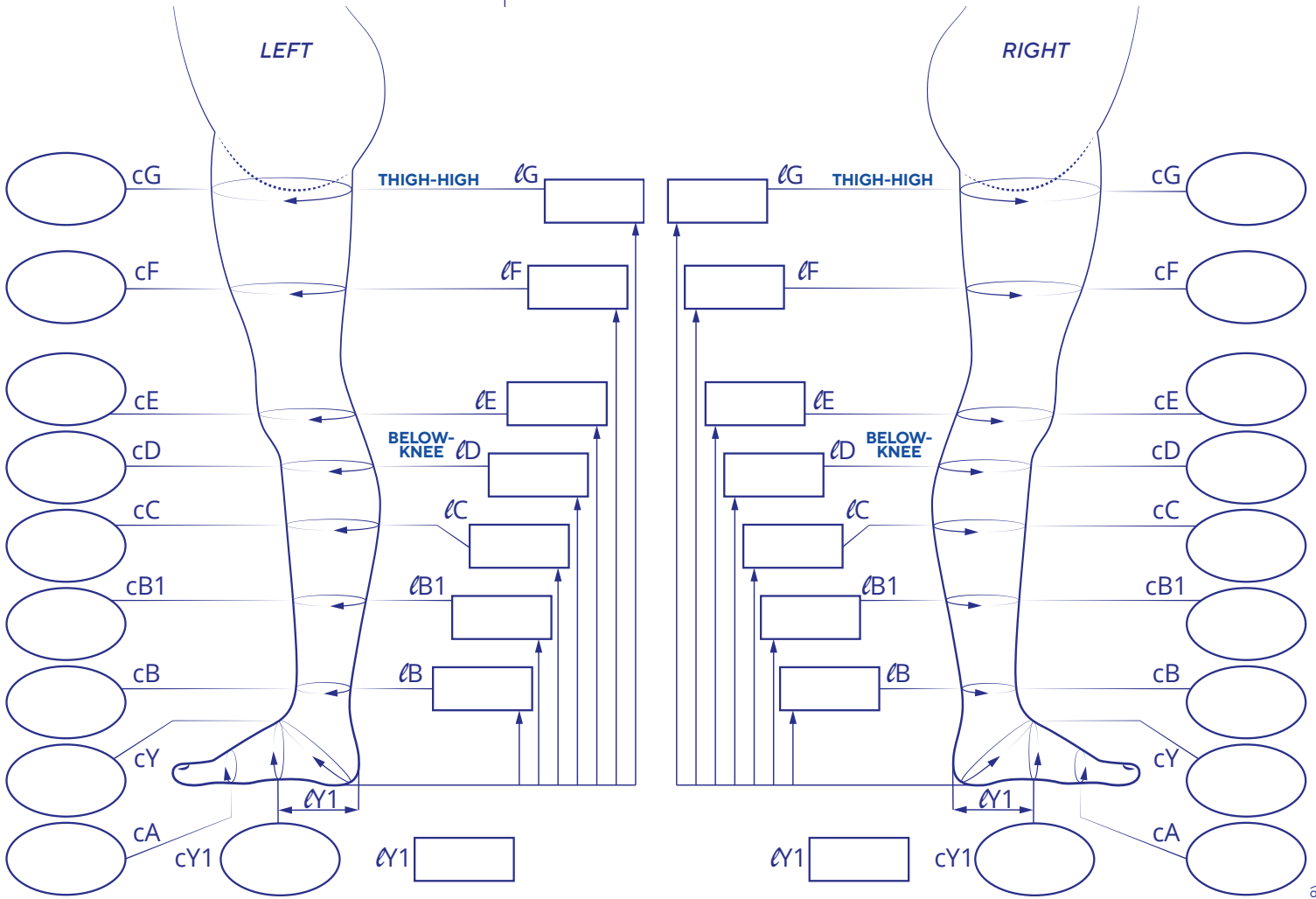
Foam options

- ☐ All small blocks
☐ All big blocks
☐ Big blocks on the leg and small blocks on the feet

Comments

Proximal options

- ☐ Anti-slip with silicone dots 3 cm
☐ Self-fastening opening



Desired foot length:

Inner (lA)
Outer (lA1)

Length in cm

Circumference in cm

Desired foot length:

Inner (lA)
Outer (lA1)

Please contact your regular Thuasne distributor