



MOBIDERM



SLEEVES



☐ ORDER (by default) ☐ QUOTATION ☐ RENEWAL

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

Customer  
code

Case No.  
for renewal

☐ 1st treatment

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

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.

☐ RIGHT ARM ☐ LEFT ARM

Fill out one form for each side

FACING VIEW

Models

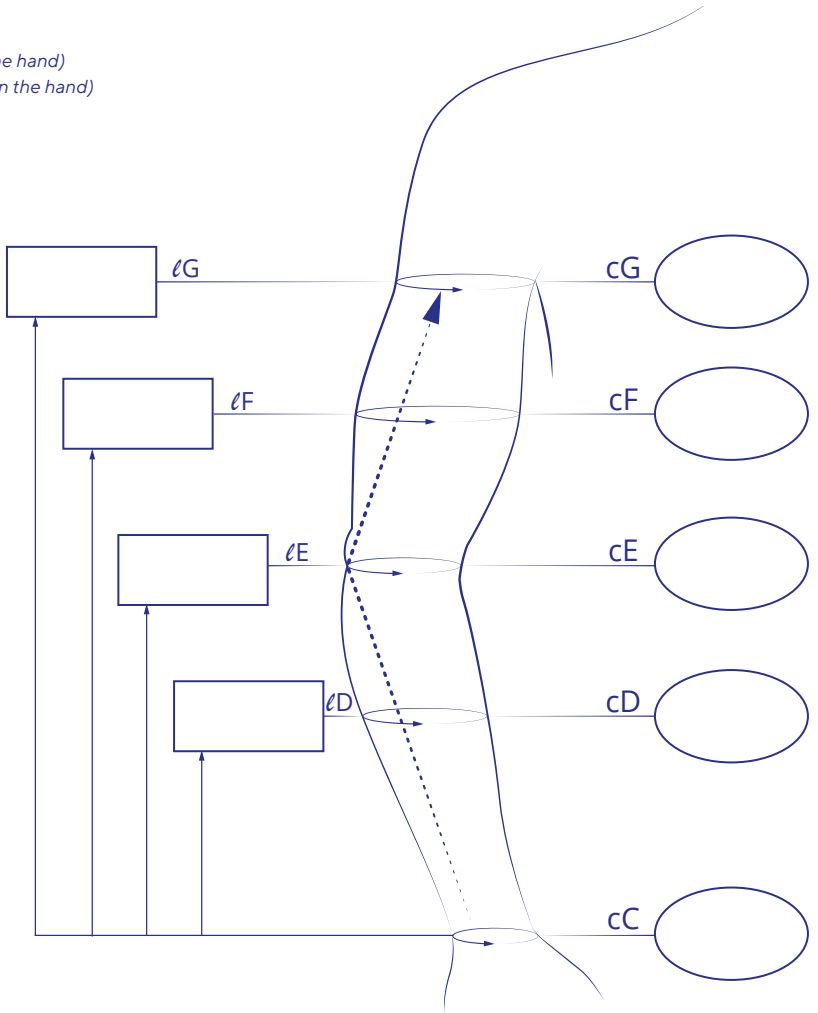
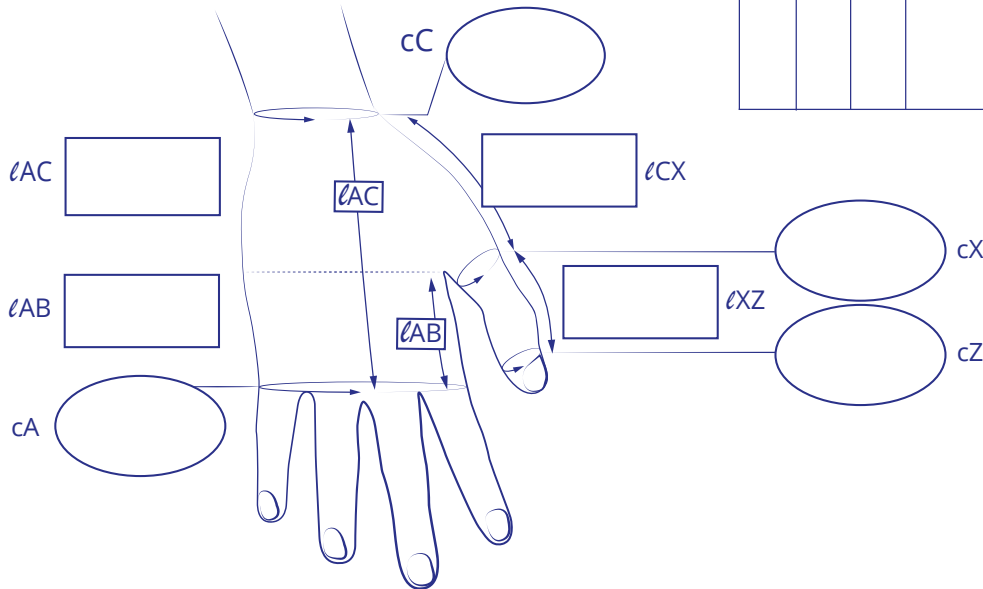
- ☐ Armsleeve (big blocks only)  
☐ Armsleeve with mitten with thumb (big blocks on the arm and small blocks on the hand)  
☐ Armsleeve with mitten without thumb (big blocks on the arm and small blocks on the hand)

Sleeve options

- ☐ Anti-slip with silicone dots 3 cm  
☐ Velcro opening

Comments

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

Please contact your regular Thuasne distributor