THUASNE

LYMPHATREX Expert

TOE CAP - FLAT KNIT

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

Customer code

Case No. for renewal

☐ 1st treatment

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

RETAILER IDENTIFICATION

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

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.With open toes only.

Models

	LEFT	RIGHT
☐ Separated toe cap	☐	☐
☐ Attached toe cap to below-knee/thigh-high/tights/half-tight	☐	☐

(Please fill in stockings measurement form. Compression class of the toe cap is independant from the stocking compression class.)

Compression

	LEFT	RIGHT
☐ Class 2 (15 - 20 mmHg)	☐	☐
☐ Class 3 (20 - 36 mmHg)	☐	☐

Colors

☐ Beige
☐ Tanning beige
☐ Black

Comments

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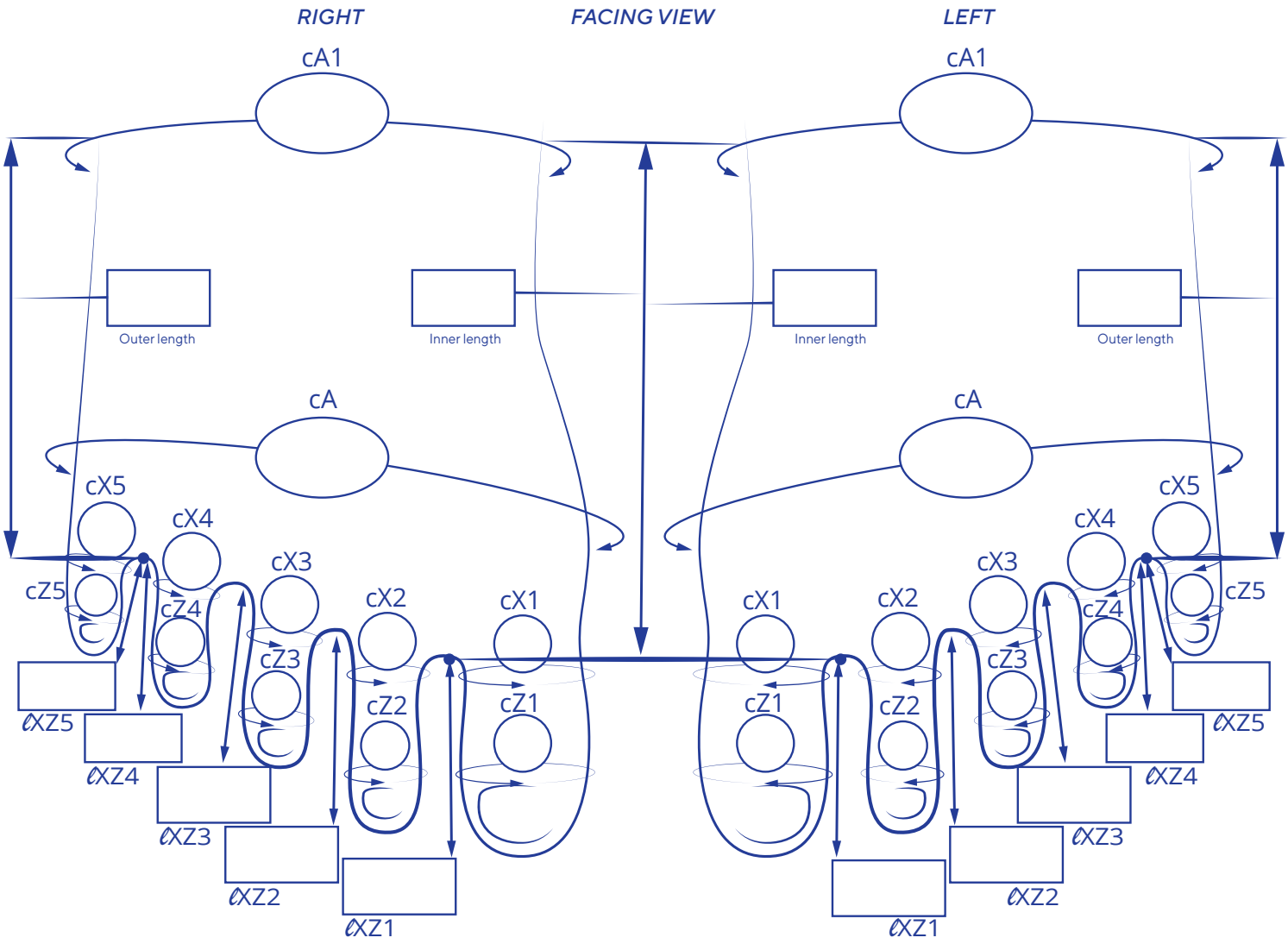

Indicate desired toes length
Minimum 2 cm for toes 1 to 4 and 0 cm for toe 5

Length in cm
Circumference in cm

Indicate desired toes length
Minimum 2 cm for toes 1 to 4 and 0 cm for toe 5

Please contact your regular Thuasne distributor

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