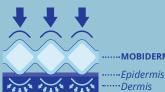
MOBIDERM Technology

MOBIDERM is a medical device comprised of foam cubes encased between two non-woven bandages.

MOBIDERM Technology can be used under a reducing bandage (in its bandage or pad forms), or incorporated into mobilizing garments.

The pressure difference created between the support area of the blocks and the surrounding area stimulates the flow of lymphatic fluid, optimizing drainage efficacy.(3)



·····MOBIDERM

···Dermis

SMALL BLOCKS



MOBIDERM garments

are also available in non adjustable version.

Two sizes of foam blocks adapt to the various needs of the affected area

- More effective in highly induced areas Better for small morphologies or body areas: pediatric patients, hands/foot,
- breast, and more. Better adapted along the limb

MOBIDERM autofit garments are recommend for patients with all stages of lymphedema, dysmorphic or regular morphology, progressive edema.

MOBIDERM Standard

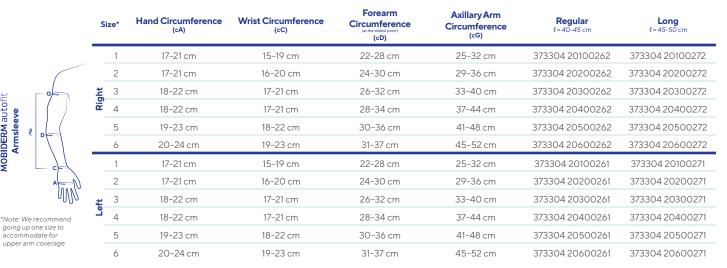




Mitten

Glove

ORDERING INFORMATION





MOBIDERM autofii

Armsleeve

upper arm coverage



	Size	Wrist Circumference (cC)	Hand Circumference (cA)	Glove		ritten	
				Right	Left	Right/Left	
	1	14-16 cm	15-17 cm	373201 20100201	37320120100202	373101 20100299	
	2	16-18 cm	17-19 cm	37320120200201	37320120200202	373101 20200299	
	3	17-19 cm	19-21 cm	373201 20300201	37320120300202	373101 20300299	
	4	19-21 cm	21-23 cm	37320120400201	37320120400202	373101 20400299	
	5	20-22 cm	23-25 cm	37320120500201	373201 20500202	373101 20500299	
	6	21-23 cm	25-27 cm	37320120600201	37320120600202	373101 20600299	

(1) Mestre - Interest of an auto-adjustable night-time compression sleeve (MOBIDERM Autofit) in maintenance phase of upper limb lymphoedema: the MARILYN pilot RCT - Support Care

(25:2455-2462) - 2017 - Page 7

 $(2) \ Qu\'er\'e-Prospective multicenter observational study of lymphoedema the rapy: POLIT study-Political study-P$ Vascular Desease Journal - 2014 - Pages 4 and 5

(3) Todd - Mobiderm Autofit: an adjustable sleeve that enables patients to self-manage lymphoedema - Chronic oedema - April 2018 - Page 6

(4) Only in following countries: Algeria, Austria, Belgium, Canada, China, Czech Republic, Demmark, Finland, France, Germany, Hungary, India, Morocco, Italy, Netherlands, Poland, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, United-Kingdom

Biflex-Indications: Venous insufficiency, simple and complicated varicose veins, reduction and complicated varicose veins and complicated varicose veins are considered variables.of venous and posttraumatic edema, dermatitis / lipodermatosclerosis, varicose ulcers, deep vein thrombosis (prevention and confirmed accident), post-thrombotic syndrome, following sclerotherapy, treatment of lymphedema. Contraindications: PAD (peripheral arterial disease), skin wounds, abscess, infected skin conditions, extra-anatomic bypass, uncontrolled heart failure. BiflexIdeal® - Indications: Treatment of lymphedema, simple and complicated varicose veins following sclerotherapy, following surgery, reduction of post-traumatic edema, varicose ulcers. Contraindications:

Glove

Do not apply directly to an open wound.

Mobiderm Autofit and Standard - Indications: Maintenance of volume reduction in lymphedema Contraindications: Skin infection of the limb or acute inflammation, known allergy to components used, septic thrombosis, severe peripheral neuropathy of the limb. Lower limb - PAD (peripheral arterial disease) of lower limbs with ABPI < 0.6, congestive heart failure, advanced diabetic microangiopathy, phlegmasia cerulea dolens, extra-anatomic bypass. Upper limb - pathology of brachial plexus, vasculitis of the extremities.

Availability of these products might vary from a given country or region to another, as a result of specific local regulatory approval or clearance requirements for sale in such country or region. All the medical devices mentioned on this document are CE marked according to the European council directive 93/42/EEC and its relatives or the Regulation 2017/745 on medical devices, unless specifically identified as "NOT CE MARKED". Products mentioned in this document are CE class I devices. Please contact Thuasne should you need any additional information on devices classification

Please read carefully the instructions for use, indications and contraindications of the product Last revision date: 2020/07. Ref: 002



Mitton



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Questions? Call 888-385-1580.

Fax or Email this form to 443-455-1402 or

Orders@comfortcaremd.com

☐ Left Arm ☐ R Fill out one for each side	ight Arm						
MOBIDERM autofit							
Comments:							

Mitten

 \square Left Hand

Fill out one for each side **MOBIDERM** ☐ Mitten

☐ Right Hand

☐ Glove



	□ Order□ Quotation□ Renewal	THUASNE	MOBIDERA
	Patient's First Name:		
	Patient's Last Name: _		
	Gender: □ M	□F	☐ Pediatric
	Patient Height:		
	Case No. for renewal:		
	☐ 1st Treatment	ntity	
-	Date: Quan	ntity:	G
-	P	{	D
	C		C
)	Glove		A MINISTRA
	C C		
	Comments:		
		I	

^{*}Note: We recommend going up one size to accommodate for upper arm coverage