THUASNE

MOBIDERM

MADE-TO-MEASURE
LOWER EXTREMITY GARMENT

Please complete and submit to Knit-Rite/Thuasne customer service.

Patient Name: .....

Gender : ☐ M ☐ F .....

Patient's height: .....

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

Customer Name: .....

Customer Account: .....

Purchase Order #: ..... **Ships To:** ☐ Therapist ☐ Patient

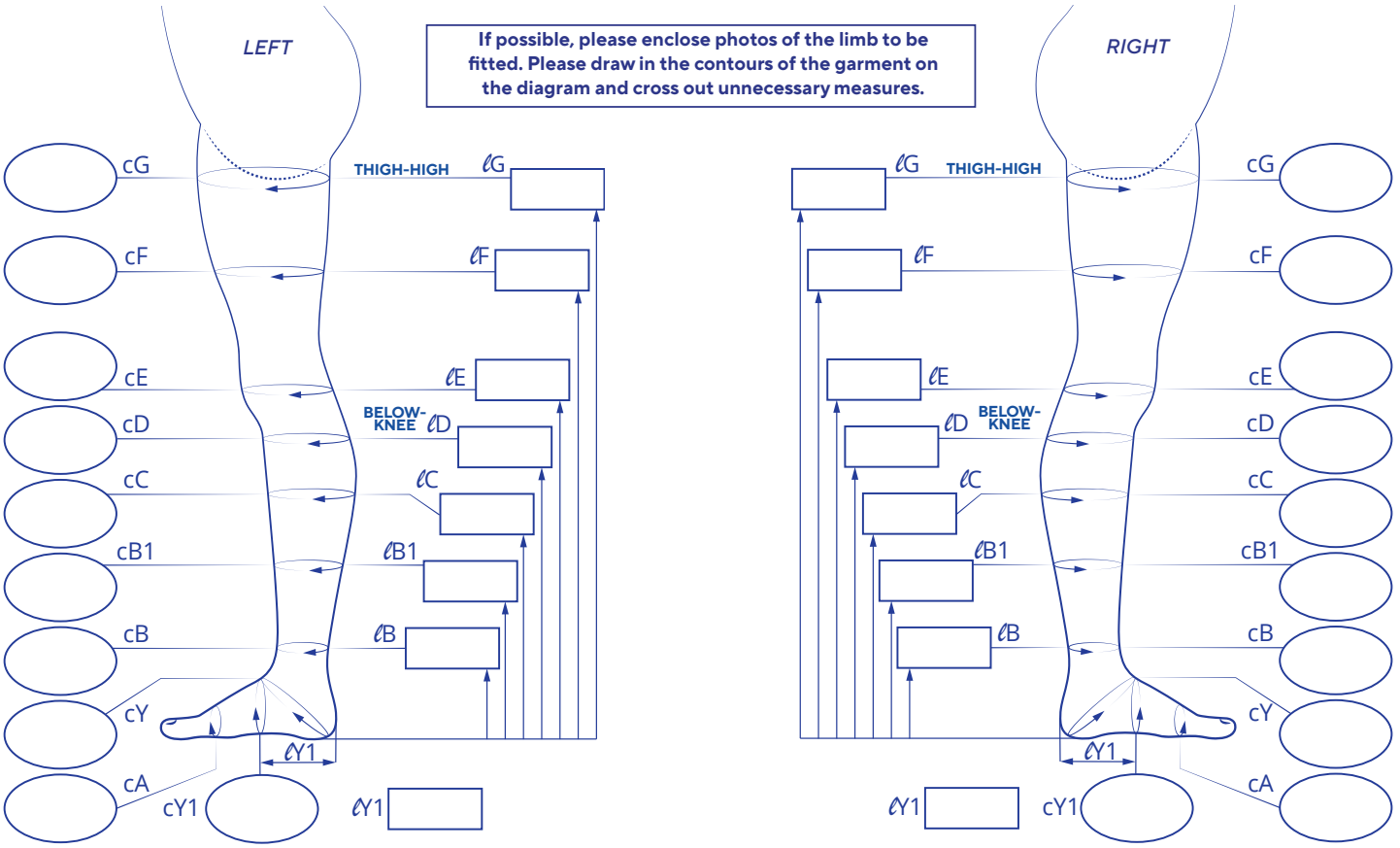
Shipping Address: .....

City: ..... **State:** ..... **Zip Code:** .....

Email: .....

Phone: .....

If possible, please enclose photos of the limb to be fitted. Please draw in the contours of the garment on the diagram and cross out unnecessary measures.



Desired foot length:

Inner (ℓA)	
Outer (ℓA1)	

Desired foot length:

Inner (ℓA)	
Outer (ℓA1)	

Models

	LEFT	RIGHT
☐ Below-knee	☐	☐
☐ Thigh-high	☐	☐

Foam options
☐ All small blocks
☐ All big blocks
☐ Big blocks on the leg and small blocks on the feet *(by default)*

Proximal options
☐ Anti-slip with silicone dots 3 cm
☐ Velcro opening *(Maximum 1/3 of the height)*

Distal options
☐ Open toe
☐ Closed toe

Special Instructions

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▭ Length in cm
◯ Circumference in cm

INTERNAL USE ONLY
Customer Code: 67855

THERAFIRM®
THUASNE