THUASNE

MOBIDERM

MADE-TO-MEASURE
UPPER EXTREMITY SLEEVE

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: .....

☐ **RIGHT ARM** ☐ **LEFT ARM**
Fill out one form for each side

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.

Models
☐ Arm Sleeve *(big blocks only)*
☐ Arm Sleeve with mitten with thumb
(big blocks on the arm and small blocks on the hand)
☐ Arm Sleeve with mitten without thumb
(big blocks on the arm and small blocks on the hand)

Sleeve options
☐ Anti-slip with silicone dots 3cm
☐ Velcro opening
Please draw desired location on the diagram and indicate desired length in the special instructions area below.

Special Instructions
Please draw the desired rise at the shoulder on the diagram and indicate the length from the top of cG to the shoulder (maximum 4cm).

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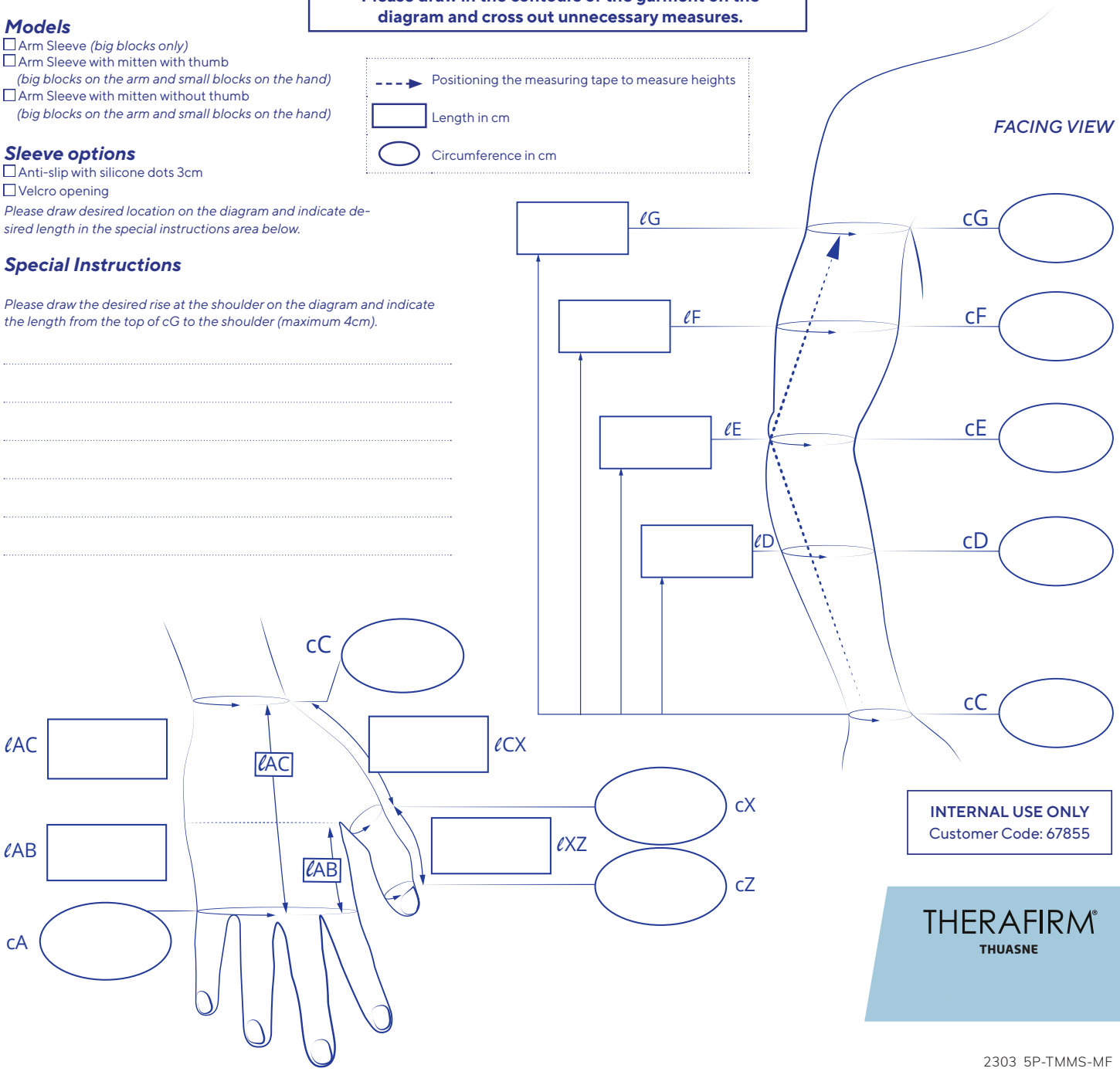
.....
.....
.....
.....

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

FACING VIEW



INTERNAL USE ONLY
Customer Code: 67855

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THUASNE