



LYMPHATREX Revolution



ARM SLEEVE

ORDER (by default) QUOTATION REORDER

Customer code

Case No. for renewal

1st treatment

Date: Quantity:

Patient's last name:

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.

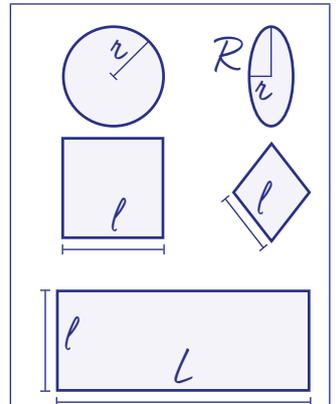
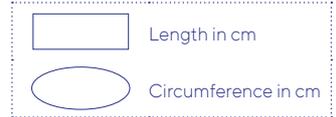
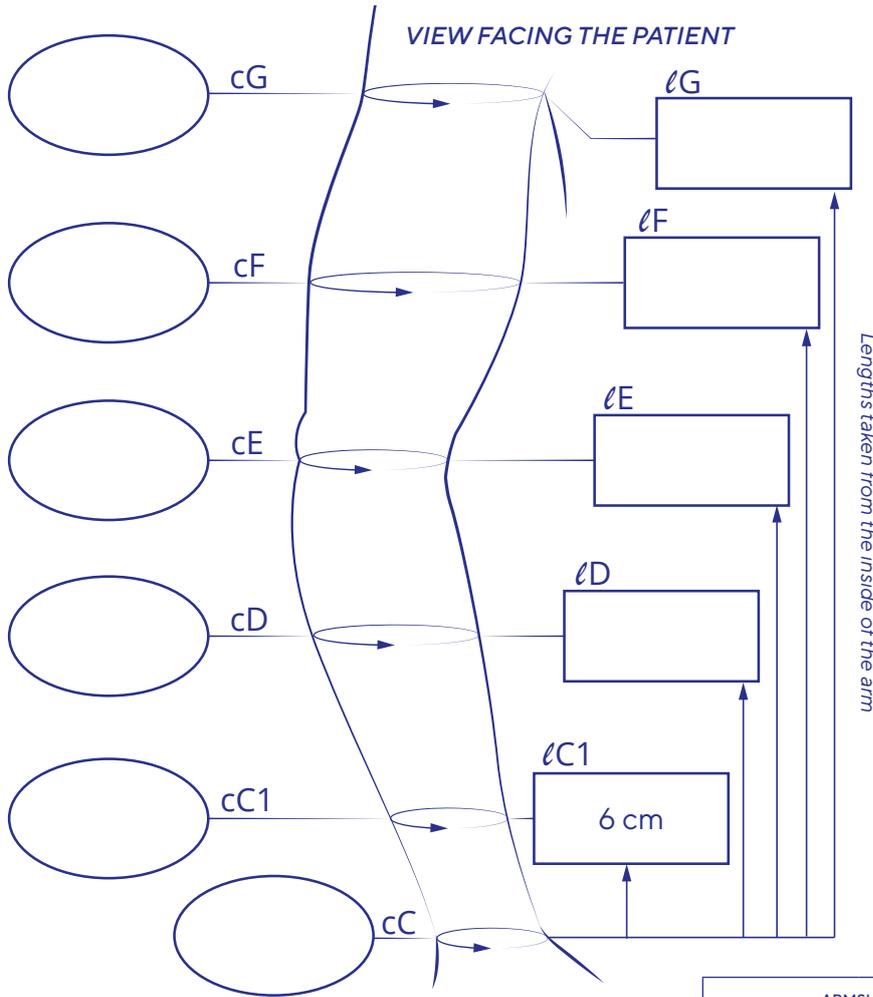
PATIENT SIGNATURE

RETAILER IDENTIFICATION

2401053-01 (2024-03)

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.

Made-to-measure patient compression device.



Pocket without compression pad.

r:
R:
l:
L:
Dimensions may be adjusted during production.

Colors:	
Black	Dark blue
Beige	Brown
Tanning Beige	Anthracte grey

	ARMSLEEVE		
Proximal end options	Anti-slip with silicone dots 3 cm	Left	Right
	Anti-slip with silicone dots 5 cm	Left	Right
	Without anti-slip	Left	Right
	Angled proximal end	Left	Right
	Proximal end with reduced compression	Left	Right
Other options	Distal end with reduced compression	Left	Right
	Compression pad Select the shape and enter the dimensions in the box. Draw the position on the drawing.	Left	Right
	Anatomical elbow zone	Left	Right

This range is regularly updated. **Make sure you have the latest version** by flashing the QR code:

Comments:

Compression (RAL)	Armsleeve			
CL 1 (15 - 21 mmHg)	Left	Quantity:	Right	Quantity:
CL 2 (23 - 32 mmHg)	Left	Quantity:	Right	Quantity:
CL 3 (34 - 46 mmHg)	Left	Quantity:	Right	Quantity: