



THUASNE

- Order
- Quotation
- Renewal

MOBIDERM

Patient's First Name: _____

Patient's Last Name: _____

Gender: M F Pediatric

Patient Height: _____

Case No. for renewal: _____

1st Treatment

Date: _____ Quantity: _____

- Left Arm
- Right Arm

Fill out one for each side

MOBIDERM Sleeve

- Standard
- Auto Fit

Comments: _____

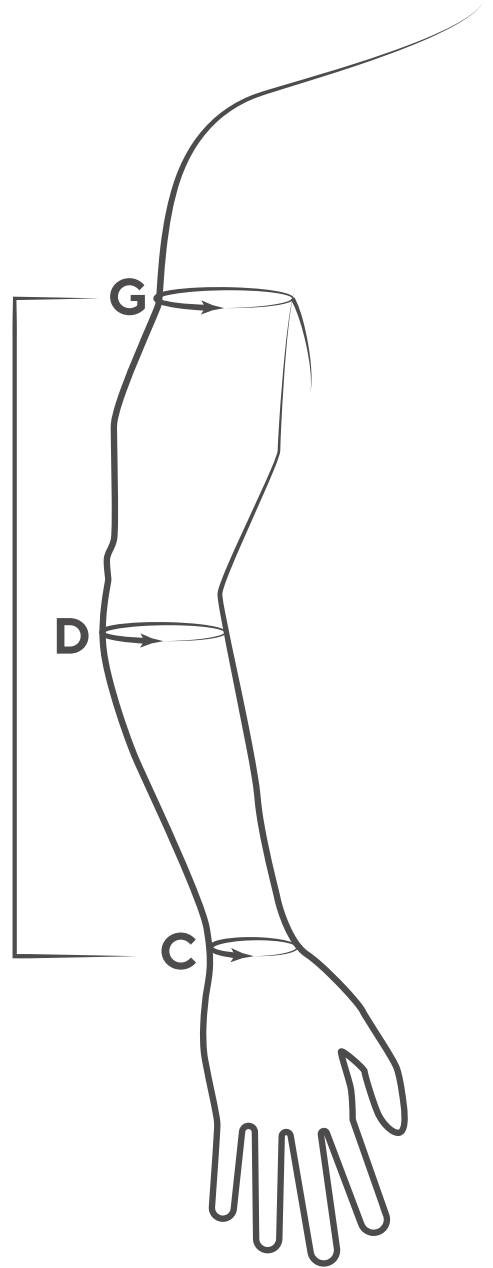
G

D

ℓ

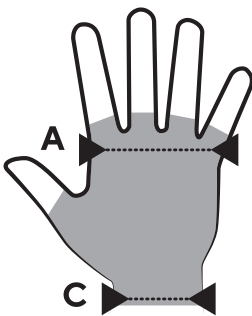
C

ℓ



Mitten

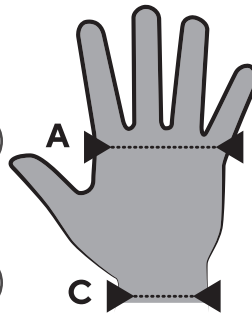
A



C

Glove

A



C

- Left Hand
- Right Hand

Fill out one for each side

MOBIDERM

- Mitten
- Glove

Comments: _____
