

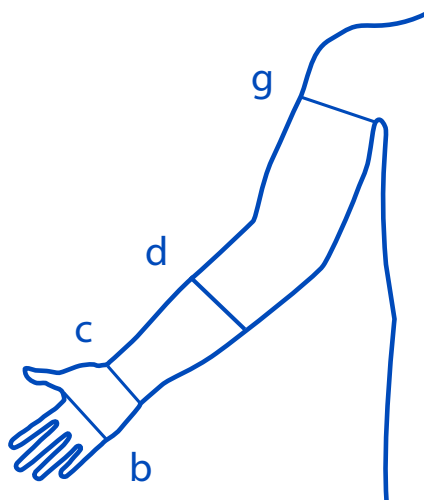


THUASNE

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| | |
|-------------------|-----------|
| Patient Name | Order No. |
| Date Measured | Telephone |
| Measured by | E-mail |
| Clinic / Hospital | |

MOBIDERM autofit Upper Limb



SIZING

| Circumferences | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------|---------|---------|---------|---------|---------|---------|
| b Palm at fold of thumb | 17 - 21 | 17 - 21 | 18 - 22 | 18 - 22 | 19 - 23 | 20 - 24 |
| c Wrist | 15 - 19 | 16 - 20 | 17 - 21 | 17 - 21 | 18 - 22 | 19 - 23 |
| d Mid-point of forearm | 22 - 28 | 24 - 30 | 26 - 32 | 28 - 34 | 30 - 36 | 31 - 37 |
| g Axilla | 25 - 32 | 29 - 36 | 33 - 40 | 37 - 44 | 41 - 48 | 45 - 52 |

Lengths

| | | | | | | |
|-------------------|---------|---------|---------|---------|---------|---------|
| c-g Normal | 40 - 45 | 40 - 45 | 40 - 45 | 40 - 45 | 40 - 45 | 40 - 45 |
| c-g Long | 45 - 50 | 45 - 50 | 45 - 50 | 45 - 50 | 45 - 50 | 45 - 50 |

CODES

| ARM | 1 | 2 | 3 | 4 | 5 | 6 | LENGTH |
|--------------|------------|------------|------------|------------|------------|------------|---------------|
| RIGHT | 400 - 9056 | 400 - 9064 | 400 - 9072 | 400 - 9080 | 400 - 9098 | 400 - 9106 | NORMAL |
| LEFT | 400 - 8934 | 400 - 8942 | 400 - 8959 | 400 - 8967 | 400 - 8975 | 400 - 8983 | |
| RIGHT | 400 - 8991 | 400 - 9007 | 400 - 9015 | 400 - 9023 | 400 - 9031 | 400 - 9049 | LONG |
| LEFT | 400 - 8876 | 400 - 8884 | 400 - 8892 | 400 - 8900 | 400 - 8918 | 400 - 8926 | |

Delivery Address

Invoice Address

Postcode

Postcode

E-mail

E-mail

Telephone

Telephone