



MOBIDERM

- Order
- Quotation
- Renewal

Patient's First Name: _____

Patient's Last Name: _____

Gender: M F Pediatric

Patient Height: _____

1st Treatment

Date: _____ Quantity: _____



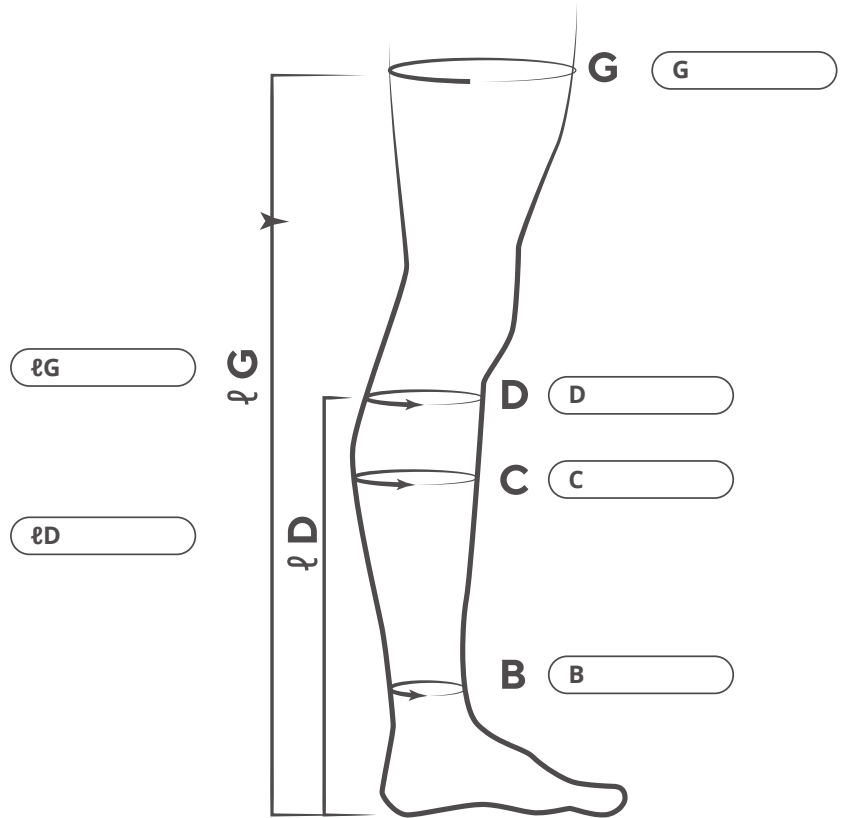
Left Leg Right Leg

Fill out one for each side

MOBIDERM Lower Extremity

Auto Fit

Comments: _____

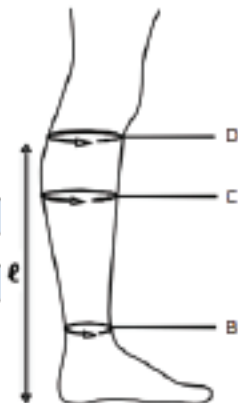


MOBIDERM AutoFit Sock

Size	B - Ankle (cm)	C - Calf (cm)	D - Below Knee (cm)
T1	16 - 24	24 - 36	25 - 36
T2	20 - 28	32 - 43	32 - 43
T3	24 - 32	40 - 51	39 - 50
T4	28 - 36	48 - 59	46 - 57

l - Floor-to-Knee Height (cm)
 (measurement taken below the bend of the knee - back side)

- Short 38 - 40
- Normal 40 - 42
- Long 42 - 44
- Extra Long 44 - 46



MOBIDERM AutoFit Thigh High Sock

Size	B - Ankle (cm)	C - Calf (cm)	G - Thigh (cm)
1	16 - 24	24 - 36	46 - 57
2	20 - 28	32 - 43	53 - 65
3	24 - 32	40 - 51	61 - 72
4	28 - 36	48 - 59	68 - 80

l - Floor-to-Gluteal Fold (cm)
 (measurement taken at the gluteal fold)

- Short 67 - 72
- Normal 72 - 77
- Long 77 - 82
- Extra Long 82 - 87

