



MOBIDERM

- Order
- Quotation
- Renewal

Patient's First Name: _____

Patient's Last Name: _____

Gender: M F Pediatric

Patient Height: _____

1st Treatment

Date: _____ Quantity: _____



Left Arm Right Arm

Fill out one for each side

MOBIDERM Sleeve

Standard Auto Fit

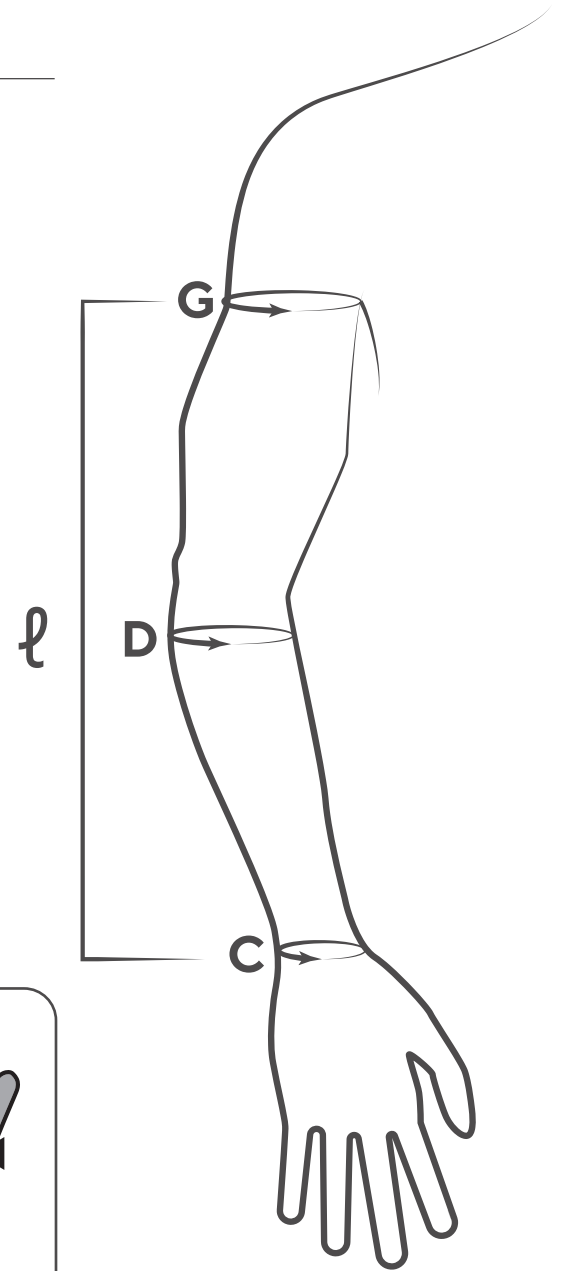
Comments: _____

G

D

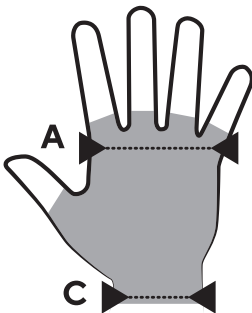
ℓ

C



Mitten

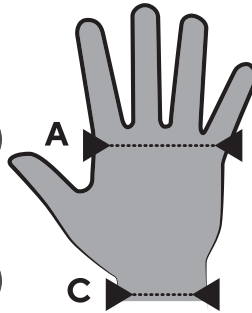
A



C

Glove

A



C

Left Hand Right Hand

Fill out one for each side

MOBIDERM

Mitten Glove

Comments: _____
