

# SHORT PANTY HOSE

**NOVATEX MEDICAL**,  
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59124 ESCAUDAIN  
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Fax : +33 (0)3 27 24 09 88  
[commande@novatex-medical.com](mailto:commande@novatex-medical.com)

Measurements  
Custom-made compression garments

NOV-FM-PANT-251018

**PATIENT**

Last name :

First name :

Man     Woman     Child     Boy  
 Girl

Indication :     EDS     BURNS

**PRESCRIBER**

Name :

Address :

**MEASUREMENTS**

Taken by:

Date :

**COMMENTS**

**DELIVERY DATE**     /  /

FABRICS	COLORS
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES

MICROFIBER LINING	FOAM
<input type="checkbox"/> YES	<input type="checkbox"/> YES
POSITION <input type="text"/>	POSITION <input type="text"/>

ELASTIC

BLACK  
 WHITE  
 GREY  
 PARME  
 CHOCOLATE  
 PLUM  
 DARK GREY  
 SKIN COLOR  
 TAUPE

**LEGS**

WITHOUT SUPPLEMENT  
 SHORT LEGS  
 LONG LEGS

**OPTIONS**

OPENING LEG INSEAM  
 KANGAROO POCKET  
 ABDOMINALE PROLAPSE  
 VELCRO PATCH     FRONT  
 BACK  
 NOVAGRIP  
POSITION

**ZIPPER**

YES    POSITION

Our company NOVATEX MEDICAL acts as subcontractor and make custom-made compressive garments on behalf of health professionals (Orthopaedist prosthesis, pharmacists, doctors, etc.). We attach high importance to the protection of your privacy. That is why we want to inform you about how we use and protect your personal data (Status, pathology, measures). These data are used to allow the manufacture custom-made garments and to adapt the compression applied to your pathology. The data is kept to save time in the making during renewals and optimize manufacturing. Know that you have the right to forget if you do not want these data to be processed anymore. These data are stored safely in the premises of NOVATEX MEDICAL and are not transmitted to third parties.

# SHORT PANTY HOSE

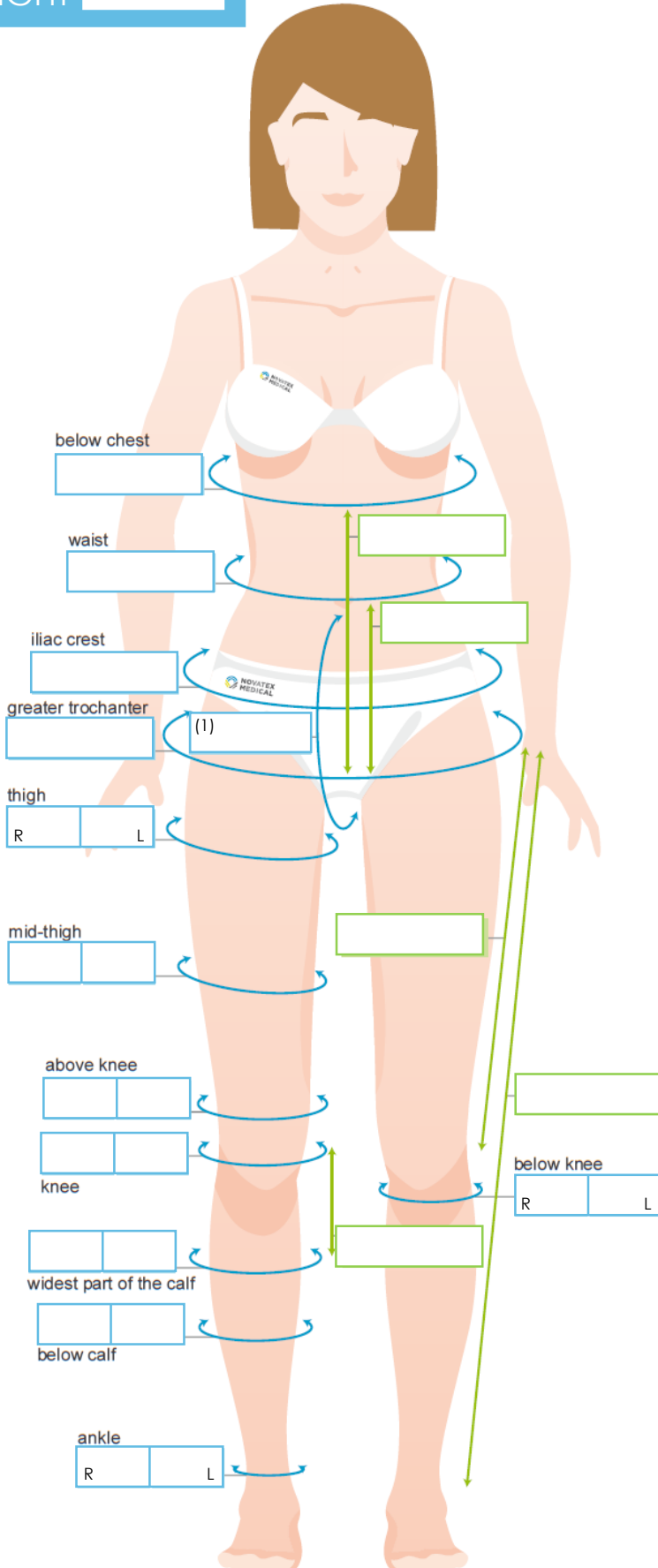
AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

Green — Length  
 Height  
 Width

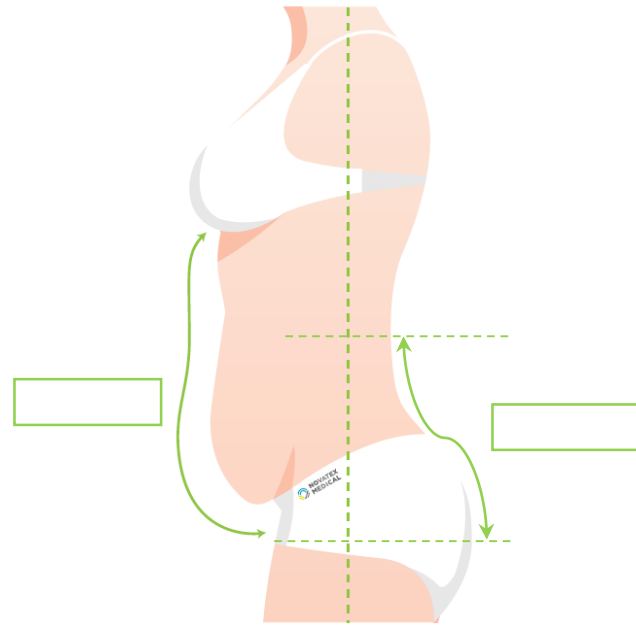
Blue — Circumference

L = Left  
 R = Right

(1) Circumference vertical: waist abdomen – waist back

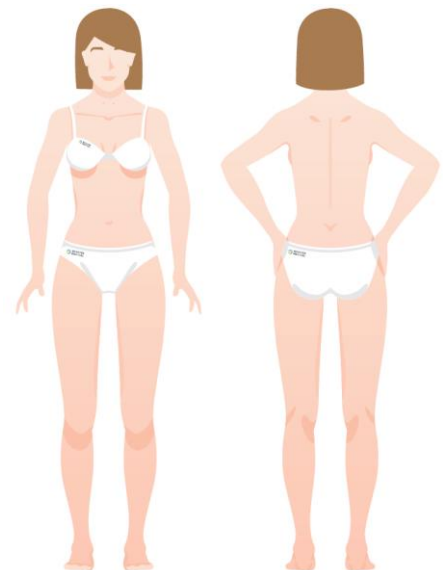


## Prolapse



Please draw the contours of the short/legging on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.

## BURNS



Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.

# VEST

**NOVATEX MEDICAL**,  
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Measurements  
Custom-made compression garments

NOV-FM-VEST-251018

<p><b>PATIENT</b></p> <p>Last name : <input type="text"/></p> <p>First name : <input type="text"/></p> <p> <input type="checkbox"/> Man            <input type="checkbox"/> Woman            <input type="checkbox"/> Child            <input type="checkbox"/> Boy  <input type="checkbox"/> Girl  <input type="checkbox"/> Chest insert       </p> <p>Indication :    <input type="checkbox"/> EDS    <input type="checkbox"/> BURNS       </p>	<table border="1"> <tr> <td><b>FABRICS</b></td> <td><b>COLORS</b></td> </tr> <tr> <td><input type="checkbox"/> NOVASED</td> <td> <input type="checkbox"/> BLACK  <input type="checkbox"/> PINK  <input type="checkbox"/> BLUE  <input type="checkbox"/> TAUPE  <input type="checkbox"/> NAVY BLUE         </td> </tr> <tr> <td><input type="checkbox"/> NOVADERM</td> <td> <input type="checkbox"/> PARME  <input type="checkbox"/> GREY  <input type="checkbox"/> SKIN COLOR         </td> </tr> <tr> <td><input type="checkbox"/> NOVACEPTION</td> <td> <input type="checkbox"/> BLACK  <input type="checkbox"/> PINK STRIPES  <input type="checkbox"/> BLUE STRIPES         </td> </tr> </table>	<b>FABRICS</b>	<b>COLORS</b>	<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE	<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR	<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES
<b>FABRICS</b>	<b>COLORS</b>								
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE								
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR								
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES								
<p><b>PRESCRIBER</b></p> <p>Name : <input type="text"/></p> <p>Address : <input type="text"/></p>	<p><b>MICROFIBER LINING</b></p> <p><input type="checkbox"/> YES    POSITION <input type="text"/></p>								
<p><b>MEASUREMENTS</b></p> <p>Taken by: <input type="text"/></p> <p>Date : <input type="text"/></p>	<table border="1"> <tr> <td><b>ELASTIC</b></td> <td><b>LACE</b></td> </tr> <tr> <td> <input type="checkbox"/> BLACK  <input type="checkbox"/> WHITE  <input type="checkbox"/> GREY  <input type="checkbox"/> PARME  <input type="checkbox"/> CHOCOLATE  <input type="checkbox"/> PLUM  <input type="checkbox"/> DARK GREY  <input type="checkbox"/> SKIN COLOR  <input type="checkbox"/> TAUPE         </td> <td> <input type="checkbox"/> BLACK  <input type="checkbox"/> WHITE  <input type="checkbox"/> PARME  <input type="checkbox"/> PINK  <input type="checkbox"/> DARK GREY  <input type="checkbox"/> SKIN COLOR  <input type="checkbox"/> TAUPE         </td> </tr> </table>	<b>ELASTIC</b>	<b>LACE</b>	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> PARME <input type="checkbox"/> CHOCOLATE <input type="checkbox"/> PLUM <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> PARME <input type="checkbox"/> PINK <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE				
<b>ELASTIC</b>	<b>LACE</b>								
<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> PARME <input type="checkbox"/> CHOCOLATE <input type="checkbox"/> PLUM <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> PARME <input type="checkbox"/> PINK <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE								
<p><b>COMMENTS</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<table border="1"> <tr> <td><b>COLLAR</b></td> <td><b>FOAM</b></td> </tr> <tr> <td> <input type="checkbox"/> ROUND  <input type="checkbox"/> « V » SHAPE         </td> <td> <input type="checkbox"/> YES            POSITION <input type="text"/> </td> </tr> </table>	<b>COLLAR</b>	<b>FOAM</b>	<input type="checkbox"/> ROUND <input type="checkbox"/> « V » SHAPE	<input type="checkbox"/> YES POSITION <input type="text"/>				
<b>COLLAR</b>	<b>FOAM</b>								
<input type="checkbox"/> ROUND <input type="checkbox"/> « V » SHAPE	<input type="checkbox"/> YES POSITION <input type="text"/>								
<p><b>DELIVERY DATE</b>    <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<table border="1"> <tr> <td><b>SLEEVE</b></td> <td><b>ZIPPER</b></td> </tr> <tr> <td> <input type="checkbox"/> NONE  <input type="checkbox"/> SHORT  <input type="checkbox"/> LONG         </td> <td> <input type="checkbox"/> FRONT  <input type="checkbox"/> BACK  <input type="checkbox"/> OTHER         </td> </tr> </table> <p><b>OPTIONS</b></p> <p> <input type="checkbox"/> CROTCH FASTENING  <input type="checkbox"/> SCAPULAR BANDS  <small>Excluding reimbursement</small>  <input type="checkbox"/> VELCRO PATCH    <input type="checkbox"/> FRONT  <input type="checkbox"/> BACK  <input type="checkbox"/> NOVAGRIP    POSITION <input type="text"/> </p>	<b>SLEEVE</b>	<b>ZIPPER</b>	<input type="checkbox"/> NONE <input type="checkbox"/> SHORT <input type="checkbox"/> LONG	<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> OTHER				
<b>SLEEVE</b>	<b>ZIPPER</b>								
<input type="checkbox"/> NONE <input type="checkbox"/> SHORT <input type="checkbox"/> LONG	<input type="checkbox"/> FRONT <input type="checkbox"/> BACK <input type="checkbox"/> OTHER								

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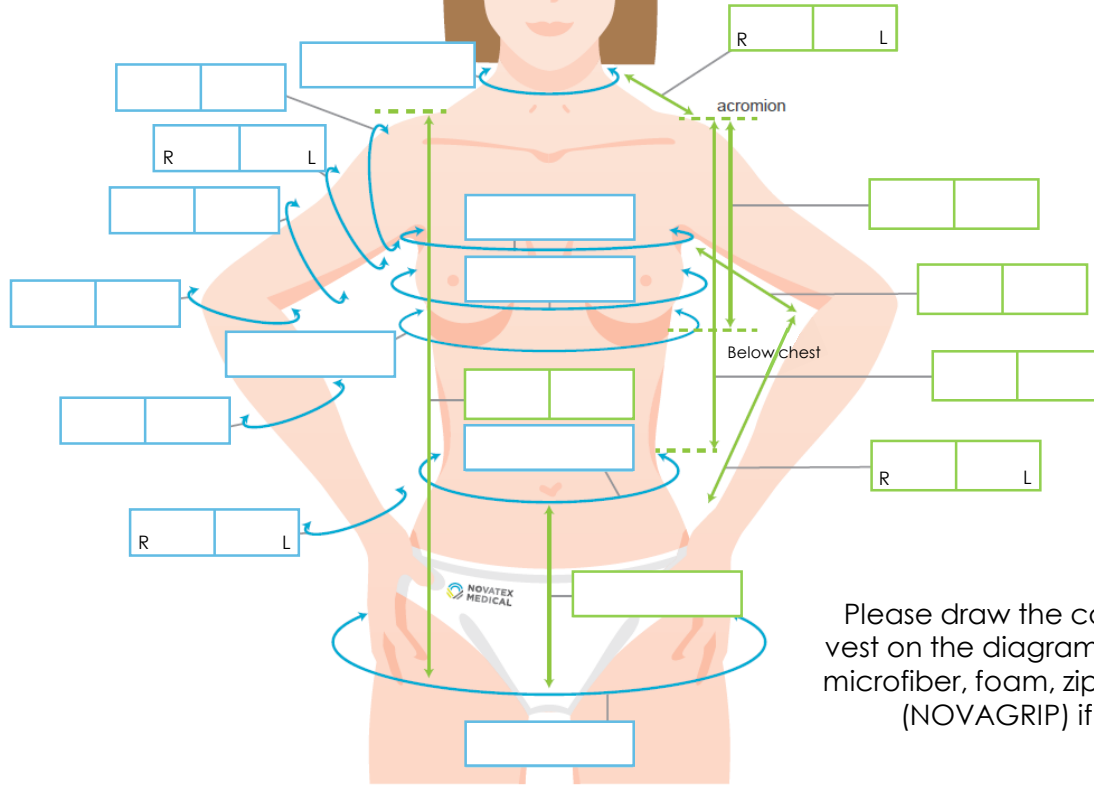
# GILET

AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

Green — Length  
 Height  
 Width

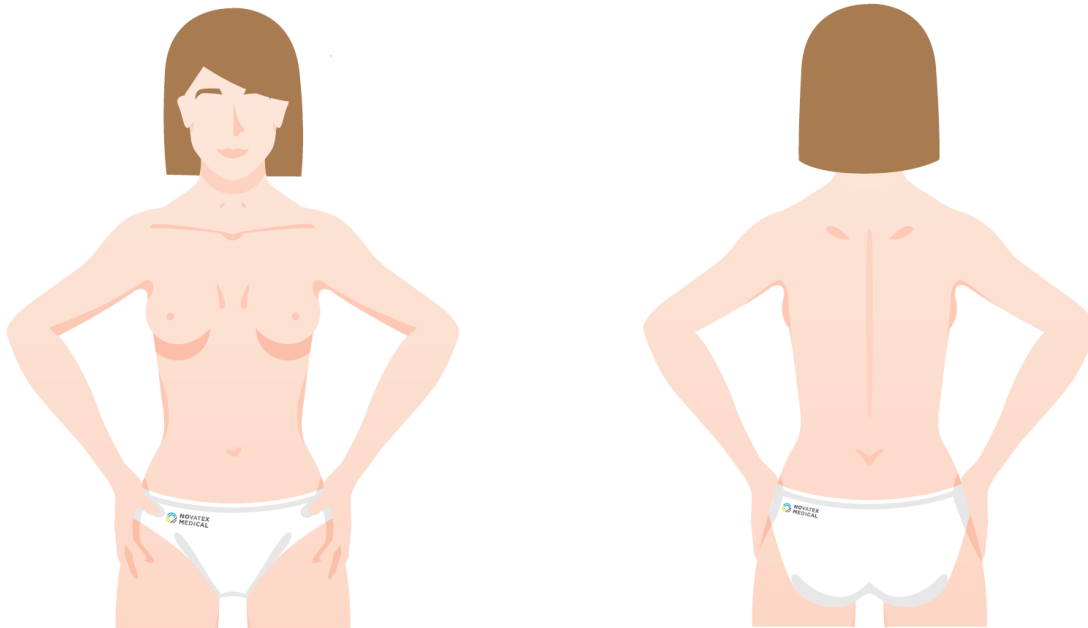
Blue — Circumference

L = Left  
 R = Right



Please draw the contours of the vest on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.

# BURNS



Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.

Measurements  
Custom-made compression garments

NOV-FM-SOCK-251018

PATIENT	
Last name :	<input type="text"/>
First name :	<input type="text"/>
<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Child <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
Indication :	<input type="checkbox"/> EDS <input type="checkbox"/> BURNS

PRESCRIBER	
Name :	<input type="text"/>
Address :	<input type="text"/>

MEASUREMENTS	
Taken by:	<input type="text"/>
Date :	<input type="text"/>

COMMENTS
<input type="text"/>

DELIVERY DATE
<input type="text"/> / <input type="text"/> / <input type="text"/>

FABRICS	COLORS
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES

MODEL	
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED
<input type="checkbox"/> OPEN	<input type="checkbox"/> OPEN

ELASTIQUE	COULEUR
<input type="checkbox"/> SIMPLE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> PARME <input type="checkbox"/> CHOCOLATE <input type="checkbox"/> PLUM <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE

<input type="checkbox"/> SLIP-STOP
------------------------------------

NOVAPIKO
<input type="checkbox"/> YES

ZIPPER
<input type="checkbox"/> YES
POSITION <input type="text"/>

MICROFIBER LINING	FOAM
<input type="checkbox"/> YES	<input type="checkbox"/> YES
POSITION <input type="text"/>	POSITION <input type="text"/>

AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

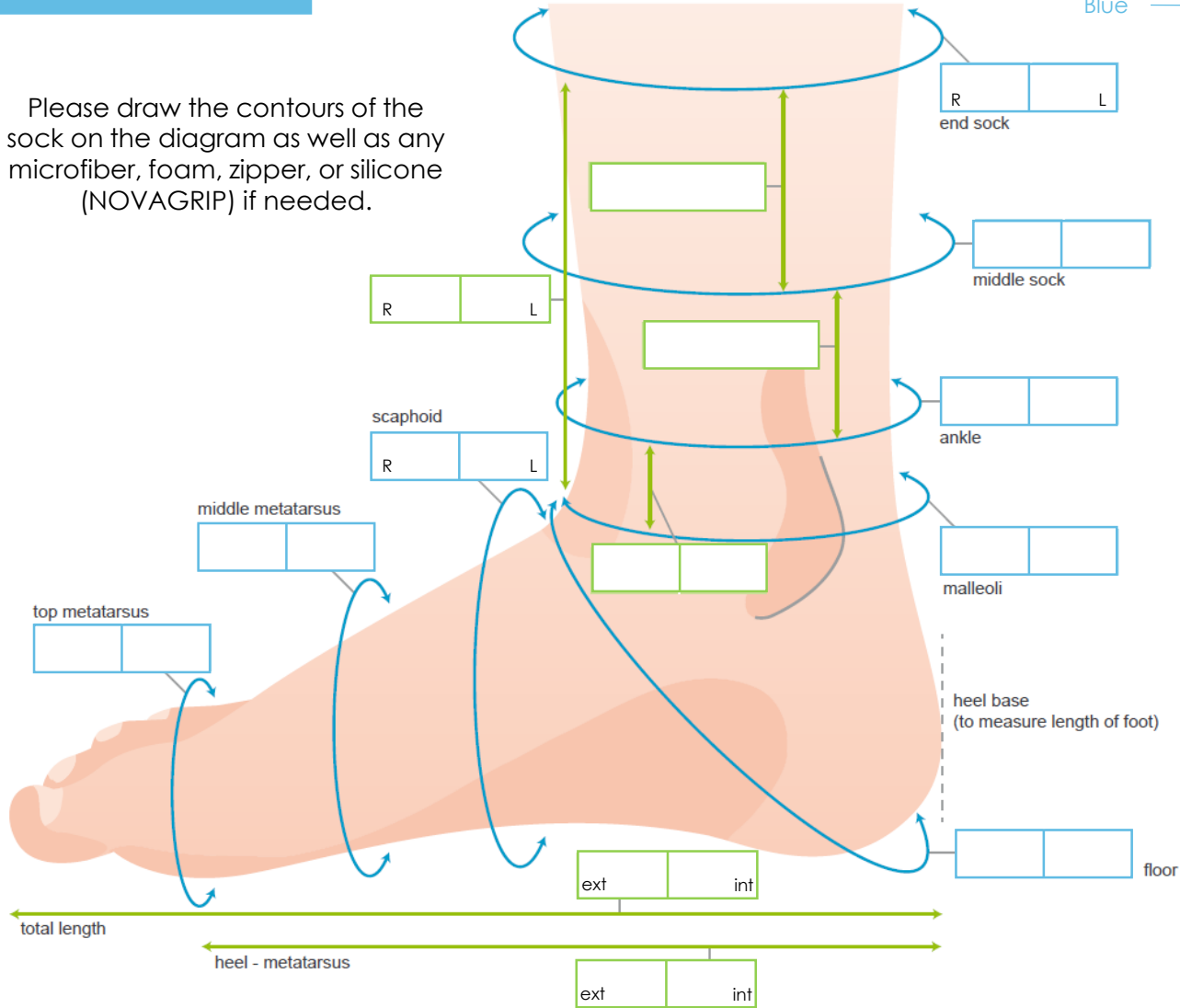
# SOCK

Green — Length  
 Height  
 Width

Blue — Circumference

L = Left  
 R = Right  
 ext = external  
 int = internal

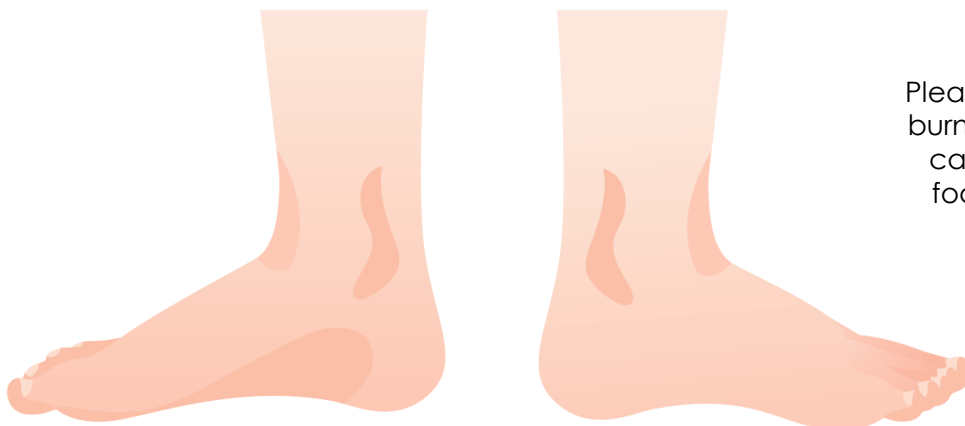
Please draw the contours of the sock on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.



To measure the length of the foot, place a ruler tangent (behind) the heel. Measure from the ruler up to the desired length

# BURNS

Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.



# GLOVE

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Measurements  
 Custom-made compression garments

NOV-FM-GLOV-251018

**PATIENT**

Last name :

First name :

Man
  Woman
  Child
  Boy
  Girl

Indication :  EDS  BURNS

FABRICS	COLORS
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES

**PRESCRIBER**

Name :

Address :

**MODEL**

<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED
<input type="checkbox"/> OPEN	<input type="checkbox"/> OPEN
<input type="checkbox"/> MITTEN <i>Wrist - thumb</i>	<input type="checkbox"/> MITTEN <i>Wrist - thumb</i>

**MEASUREMENTS**

Taken by:

Date :

**ADHERENCE**

NOVAGRIP
  SKIN CONTACT  
 EXTERIOR

POSITION

NOVAPIKO  
 POSITION

**COMMENTS**

**ZIPPER**

YES
  INTERIOR  
*Thumb side*  
 NO
  EXTERIOR  
*Auricular side*  
 MIDDLE  
 BACK  
 PALMAR

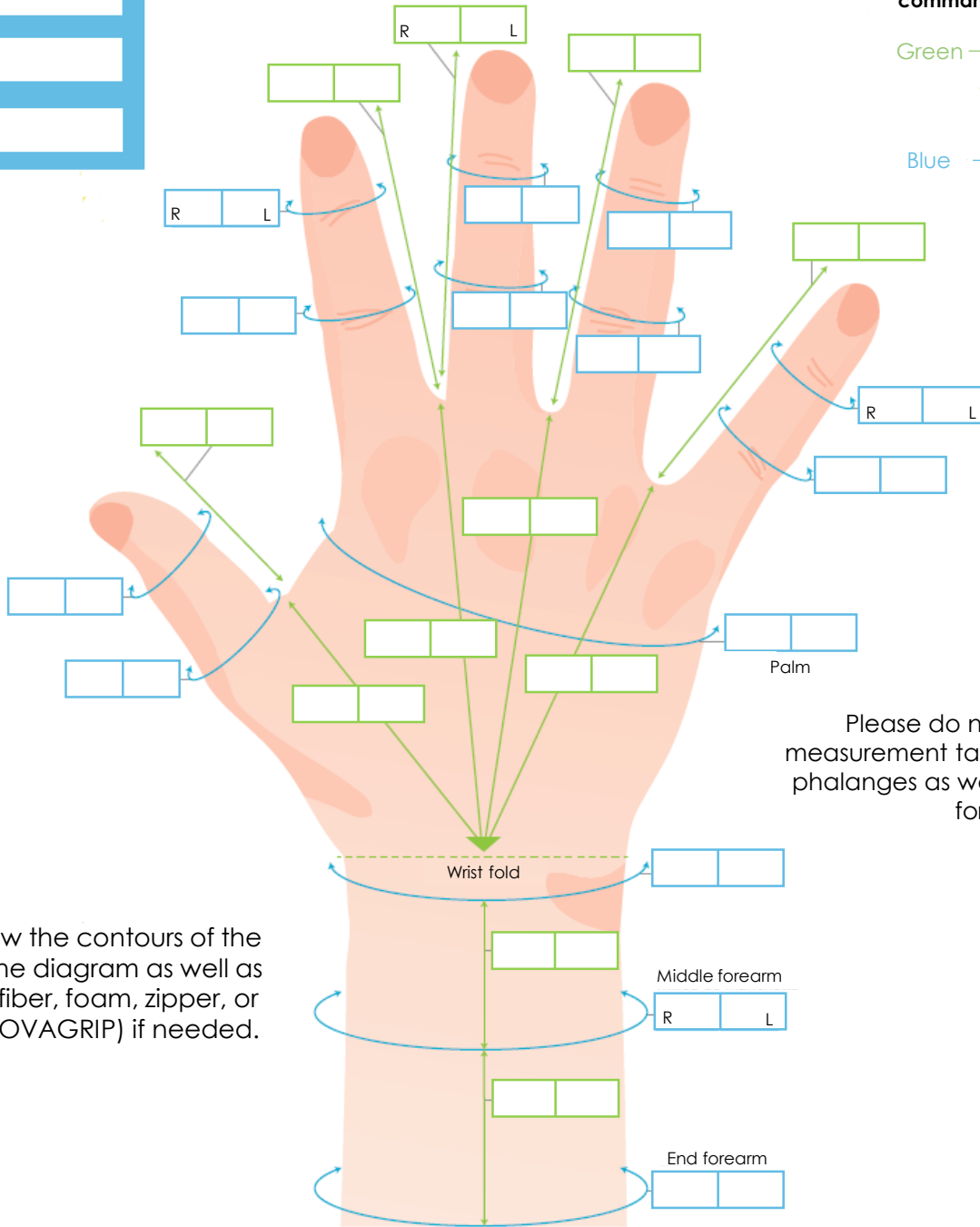
**DELIVERY DATE**  /  /

MICROFIBER LINING	FOAM
<input type="checkbox"/> YES	<input type="checkbox"/> YES
POSITION <input type="text"/>	POSITION <input type="text"/>

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**GLOVE**

AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>



Green — Length  
 Height  
 Width

Blue — Circumference

L = Left  
 R = Right

Please do not squeeze the measurement tape around the distal phalanges as well as the end of the forearm

Please draw the contours of the glove on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.

**BURNS**

Back face

Palmar face



Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.



# ARM / FOREARM

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Measurements  
 Custom-made compression garments

NOV-FM-ARM-251018

**PATIENT**

Last name :

First name :

Man     Woman     Child     Boy  
 Girl

Indication :     EDS     BURNS

**PRESCRIBER**

Name :

Address :

**MEASUREMENTS**

Taken by:

Date :

**COMMENTS**

**DELIVERY DATE**     /  /

<b>FABRICS</b>	<b>COLORS</b>
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES

**MICROFIBER LINING**

YES    POSITION

<b>ELASTIC</b>	<b>COLOR</b>
<input type="checkbox"/> SIMPLE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> PARME <input type="checkbox"/> CHOCOLATE <input type="checkbox"/> PLUM <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE
<input type="checkbox"/> SLIP-STOP	

**MODEL**

LEFT     RIGHT

**ZIPPER**

YES    POSITION

**FOAM**

YES    POSITION

GLOVE ATTACHED  
 MITTEN ATTACHED

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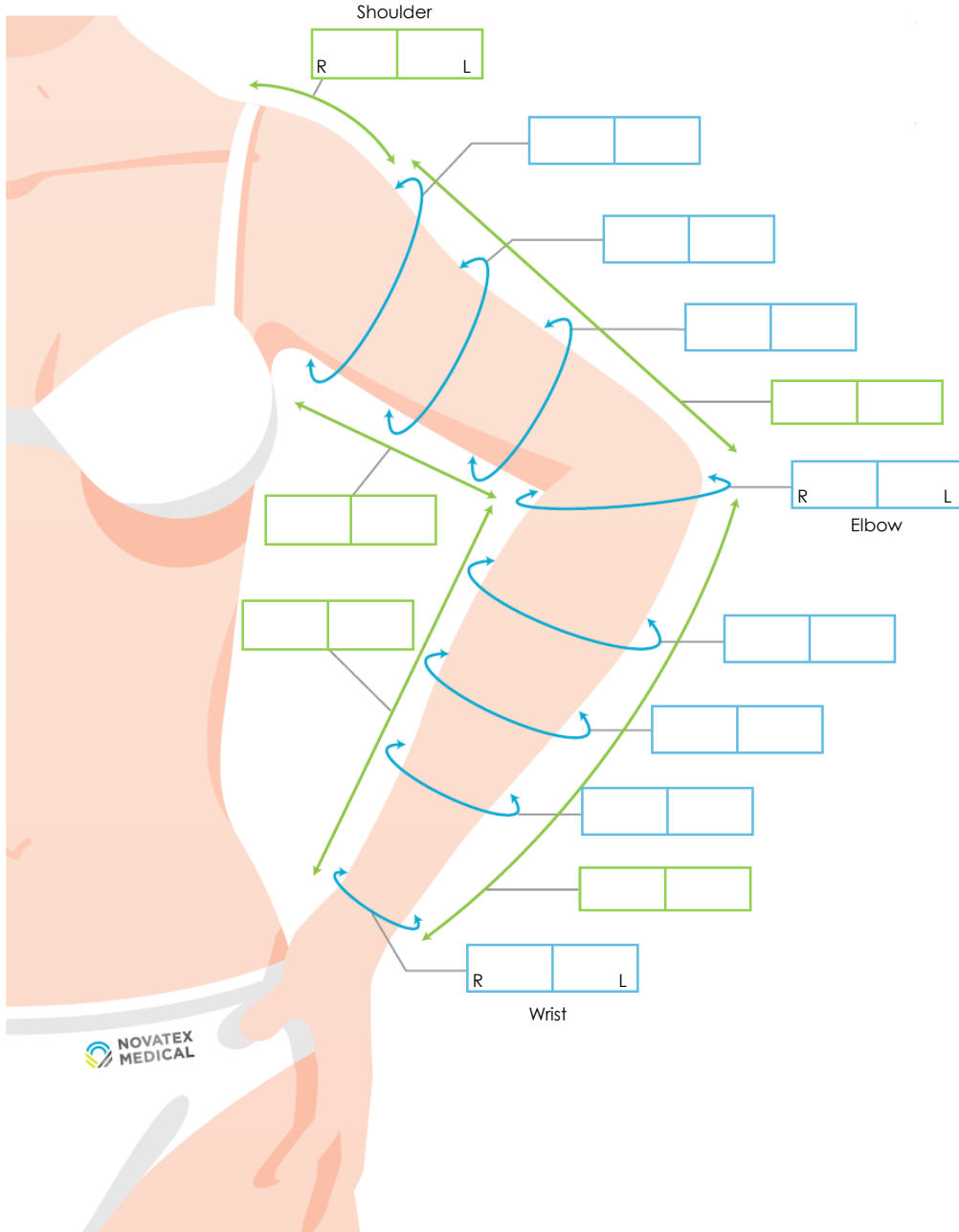
## ARM / FOREARM

AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

Green — Length  
 Height  
 Width

Blue — Circumference

L = Left  
 R = Right



## BURNS

Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.



Please draw the contours of the arm or forearm on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.

# LEG

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Measurements  
 Custom-made compression garments

NOV-FM-LEG-251018

**PATIENT**

Last name :

First name :

Man     Woman     Child     Boy  
 Girl

Indication :     EDS     BURNS

**PRESCRIBER**

Name :

Address :

**MEASUREMENTS**

Taken by:

Date :

**COMMENTS**

**DELIVERY DATE**     /  /

<b>FABRICS</b>	<b>COLORS</b>
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES

**MICROFIBER LINING**

YES    POSITION

<b>ELASTIC</b>	<b>COLOR</b>
<input type="checkbox"/> SIMPLE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> PARME <input type="checkbox"/> CHOCOLATE <input type="checkbox"/> PLUM <input type="checkbox"/> DARK GREY <input type="checkbox"/> SKIN COLOR <input type="checkbox"/> TAUPE
<input type="checkbox"/> SLIP-STOP	

**MODEL**

LEFT     RIGHT

**ZIPPER**

YES    POSITION

**FOAM**

YES    POSITION

SOCK ATTACHED

OPEN     CLOSED

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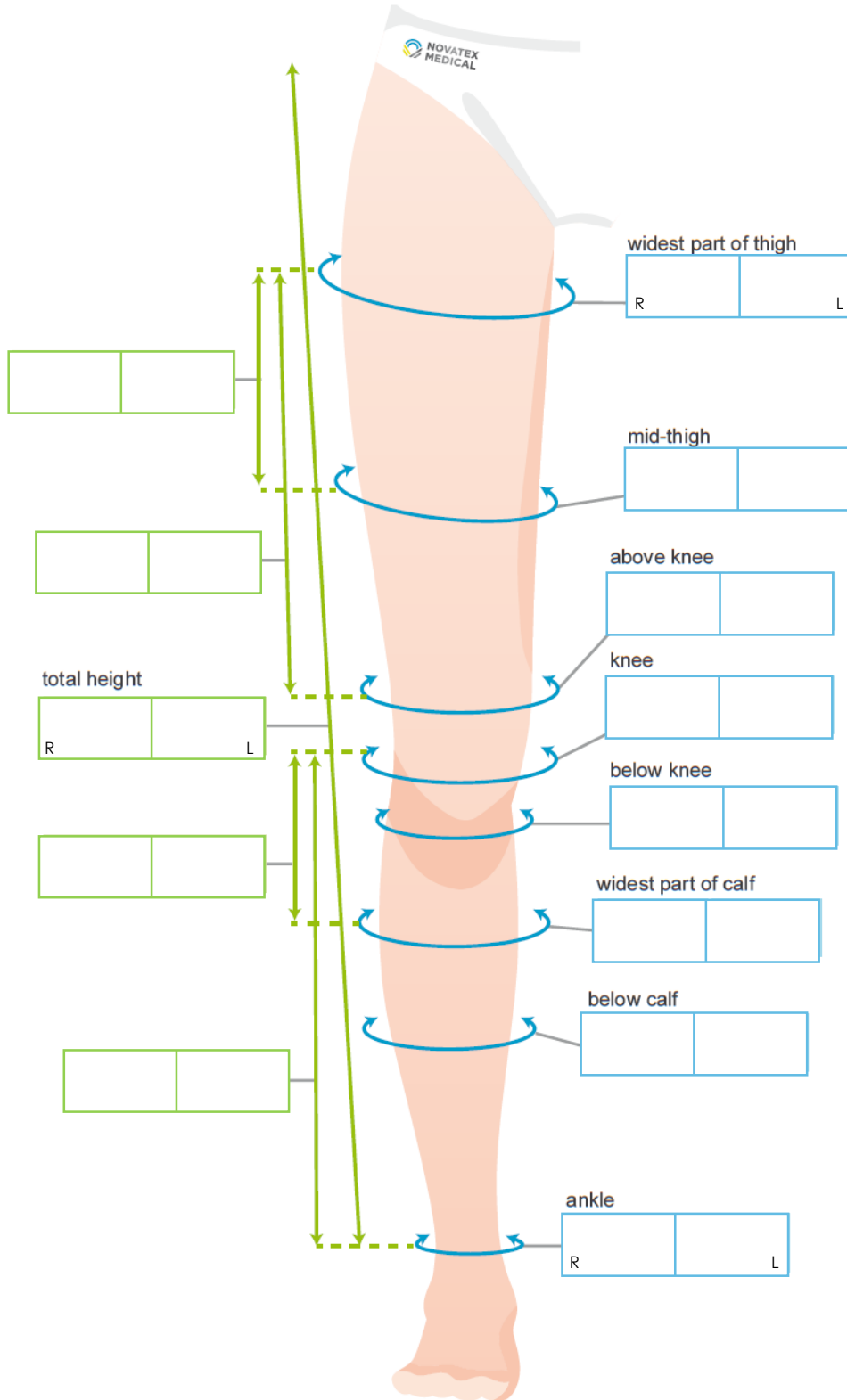
# LEG

AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

Green — Length  
 Height  
 Width

Blue — Circumference

L = Left  
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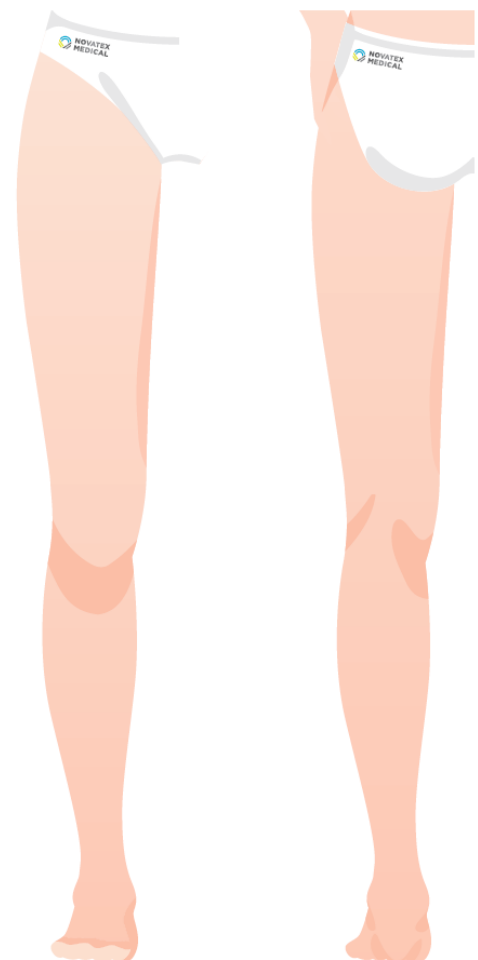


# BURNS

Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.

Front view

Back view



Please draw the contours of the arm or forearm on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.

# HOOD, COLLAR OR CHINSTRAP

**NOVATEX MEDICAL**,  
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Measurements  
 Custom-made compression garments

NOV-FM-HOOD-251018

**PATIENT**

Last name :

First name :

Man     Woman     Child     Boy  
 Girl

Indication :     BURNS

FABRICS	COLORS
<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE
<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES

**PRESCRIBER**

Name :

Address :

**MODEL**

OPEN HOOD  
 CLOSED HOOD  
 CHINSTRAP  
 COLLAR

**MEASUREMENTS**

Taken by:

Date :

**ZIPPER**

YES    POSITION

**COMMENTS**

**MICROFIBER LINING**

YES    POSITION

**FOAM**

YES    POSITION

**NOVAGRIP**

YES    POSITION

**DELIVERY DATE**     /  /

Our company NOVATEX MEDICAL acts as subcontractor and make custom-made compressive garments on behalf of health professionals (Orthopaedist prosthesis, pharmacists, doctors, etc.). We attach high importance to the protection of your privacy. That is why we want to inform you about how we use and protect your personal data (Status, pathology, measures). These data are used to allow the manufacture custom-made garments and to adapt the compression applied to your pathology. The data is kept to save time in the making during renewals and optimize manufacturing. Know that you have the right to forget if you do not want these data to be processed anymore. These data are stored safely in the premises of NOVATEX MEDICAL and are not transmitted to third parties.

# HOOD, COLLAR OR CHINSTRAP

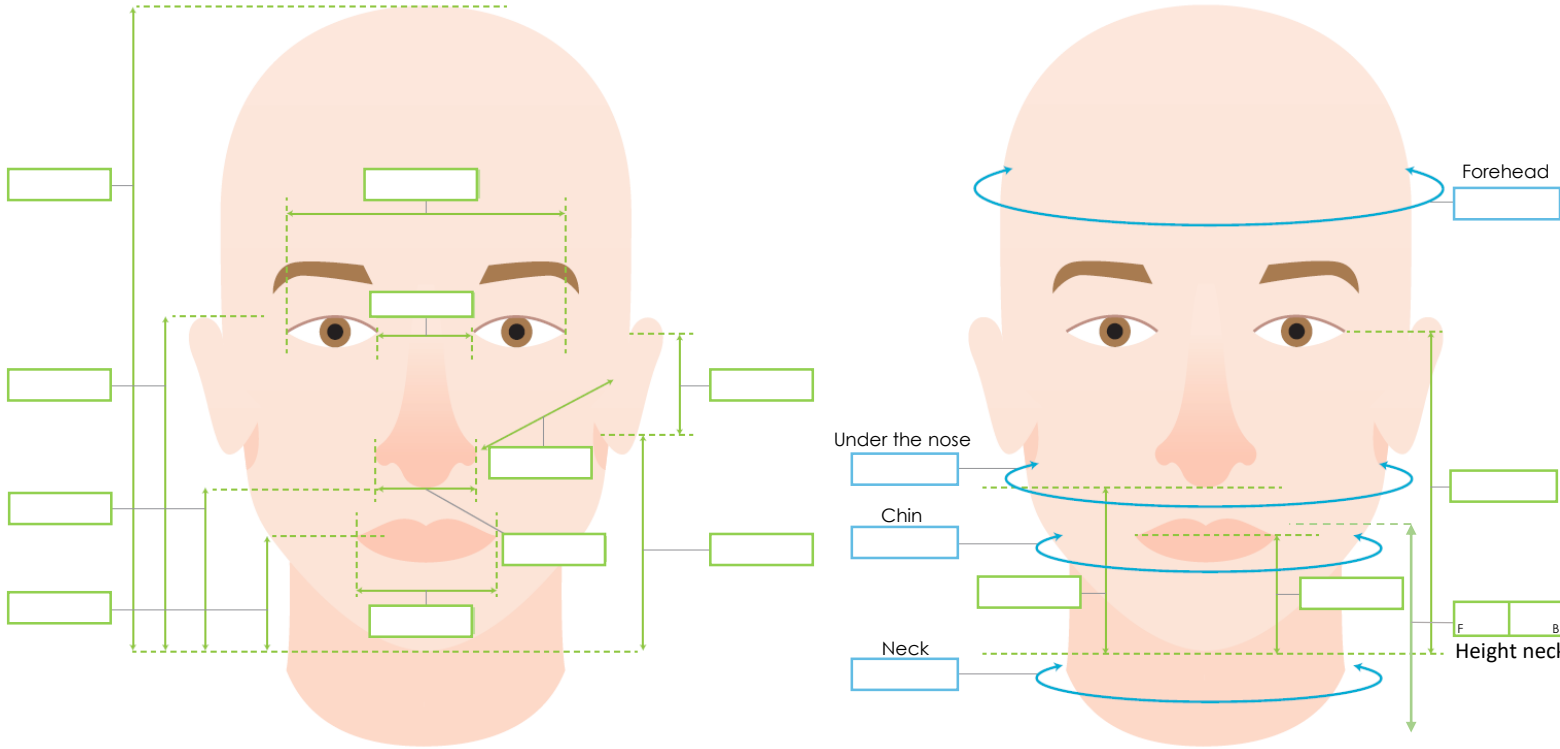
**NOVATEX MEDICAL,**  
 4, Rue de l'innovation  
 PA les 6 Marianne  
 59124 ESCAUDAIN  
 T : +33 (0)3 74 01 03 97  
 Fax : +33 (0)3 27 24 09 88  
**commande@novatex-medical.com**

AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

Green — Length  
 Height  
 Width

Blue — Circumference

F = Front  
 B = Back



Please draw the contours of the arm or forearm on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.

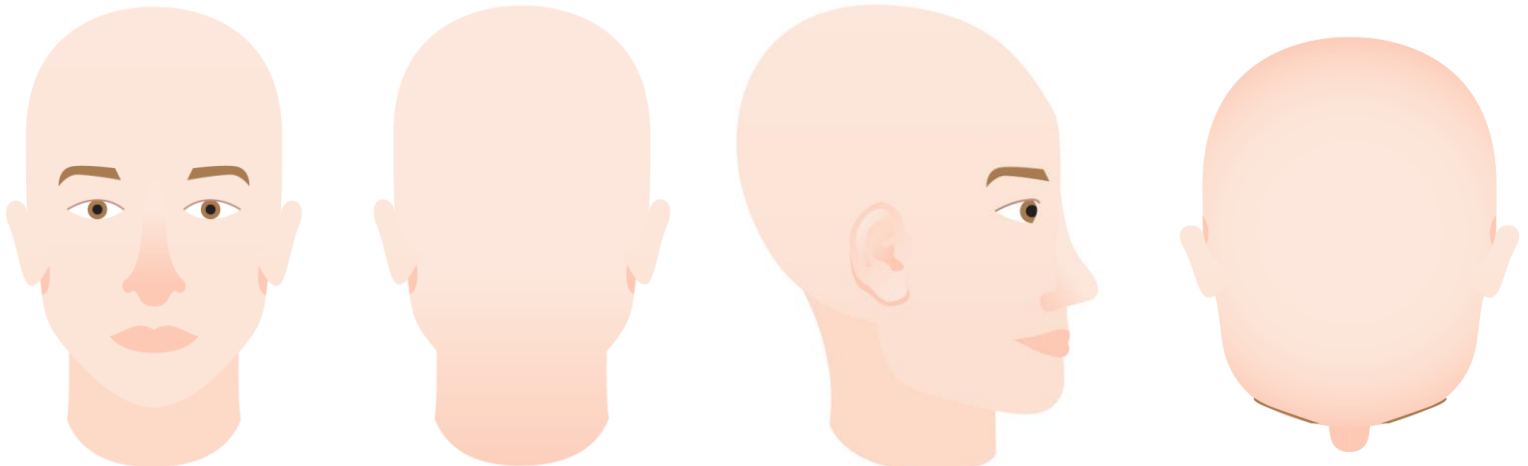
## BURNS

Front view

Back view

Side view

Top view



Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.

Last name and First name: .....  
 Orthopaedist: .....

# TOE SOCK

**NOVATEX MEDICAL**,  
4, Rue de l'innovation  
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Fax : +33 (0)3 27 24 09 88  
[commande@novatex-medical.com](mailto:commande@novatex-medical.com)

Measurements  
Custom-made compression garments

NOV-FM-TOES-251018

<p><b>PATIENT</b></p> <p>Last name : <input type="text"/></p> <p>First name : <input type="text"/></p> <p><input type="checkbox"/> Man    <input type="checkbox"/> Woman    <input type="checkbox"/> Child    <input type="checkbox"/> Boy <input type="checkbox"/> Girl</p> <p>Indication :    <input type="checkbox"/> BURNS</p>	<table border="1"> <thead> <tr> <th>FABRICS</th> <th>COLORS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NOVASED</td> <td><input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE</td> </tr> <tr> <td><input type="checkbox"/> NOVADERM</td> <td><input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR</td> </tr> <tr> <td><input type="checkbox"/> NOVACEPTION</td> <td><input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES</td> </tr> </tbody> </table>	FABRICS	COLORS	<input type="checkbox"/> NOVASED	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK <input type="checkbox"/> BLUE <input type="checkbox"/> TAUPE <input type="checkbox"/> NAVY BLUE	<input type="checkbox"/> NOVADERM	<input type="checkbox"/> PARME <input type="checkbox"/> GREY <input type="checkbox"/> SKIN COLOR	<input type="checkbox"/> NOVACEPTION	<input type="checkbox"/> BLACK <input type="checkbox"/> PINK STRIPES <input type="checkbox"/> BLUE STRIPES
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<p><b>COMMENTS</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p><b>MICROFIBER LINING</b></p> <p><input type="checkbox"/> YES    POSITION <input type="text"/></p>								
<p><b>DELIVERY DATE</b>    <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p><b>FOAM</b></p> <p><input type="checkbox"/> YES    POSITION <input type="text"/></p> <p><b>NOVAPIKO</b></p> <p><input type="checkbox"/> YES</p> <p><b>NOVAGRIP</b></p> <p><input type="checkbox"/> YES    POSITION <input type="text"/></p> <p><b>OPTIONS</b></p> <p><input type="checkbox"/> SOCK ATTACHED <input type="checkbox"/> ELASTIC</p>								

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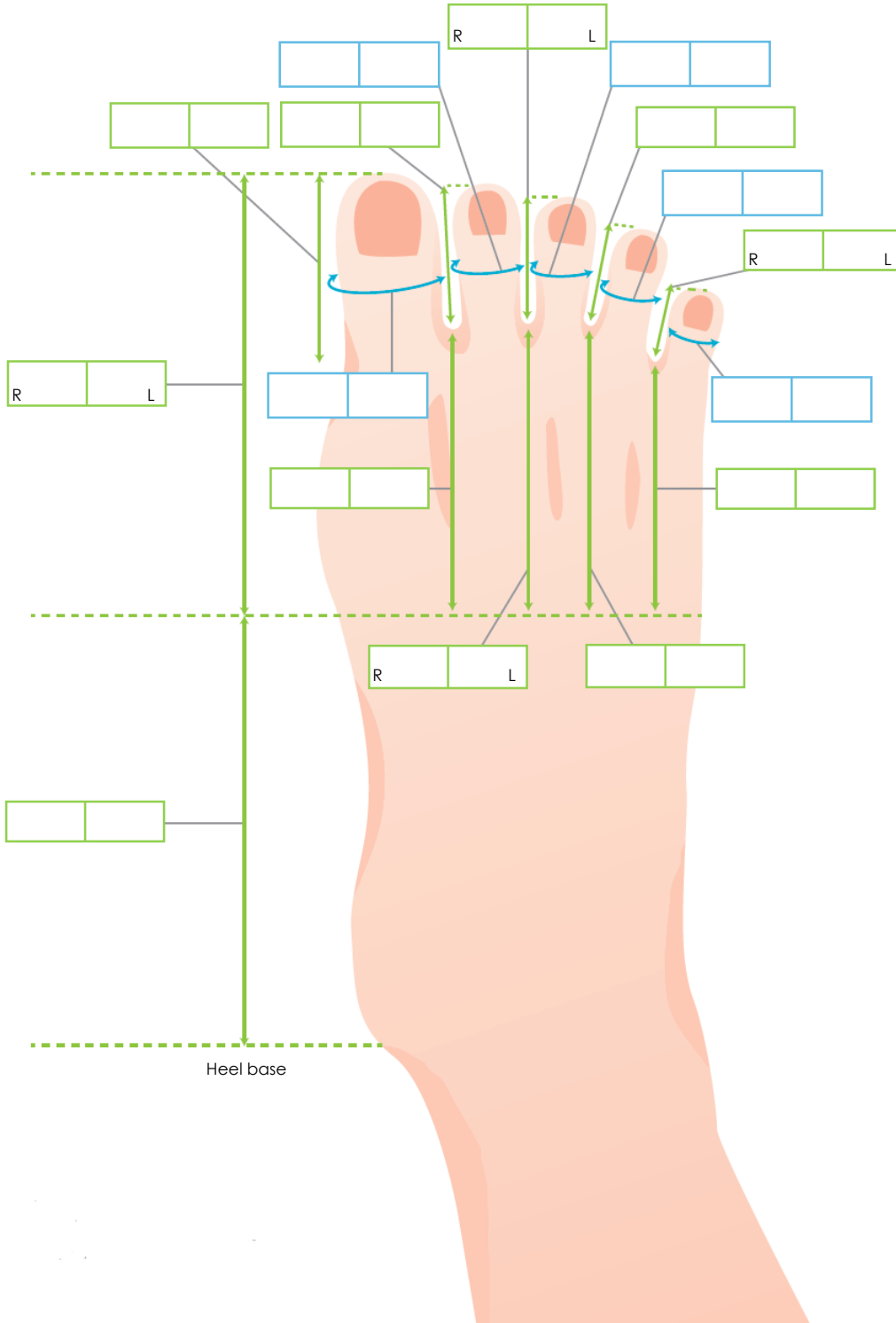
AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

## TOE SOCK

Green ——— Length  
 Height  
 Width

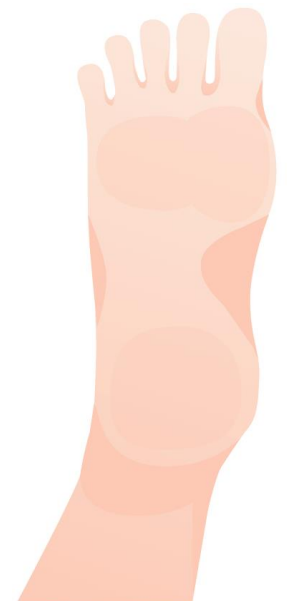
Blue ——— Circumference

L = Left  
 R = Right



## BURNS

Please draw on the scarred and/or burned areas on the diagram. You can also add a NOVAGRIP or a foam part on the scarred area.



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