

SHORT PANTY HOSE

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

Measurements

Custom-made compression garments

NOV-FM-PANT-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

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

<input type="checkbox"/> ELASTIC	<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
----------------------------------	---

LEGS
<input type="checkbox"/> WITHOUT SUPPLEMENT
<input type="checkbox"/> SHORT LEGS
<input type="checkbox"/> LONG LEGS

OPTIONS
<input type="checkbox"/> OPENING LEG INSEAM
<input type="checkbox"/> KANGAROO POCKET
<input type="checkbox"/> ABDOMINALE PROLAPSE
<input type="checkbox"/> VELCRO PATCH <input type="checkbox"/> FRONT <input type="checkbox"/> BACK
<input type="checkbox"/> NOVAGRIP
POSITION <input type="text"/>

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

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

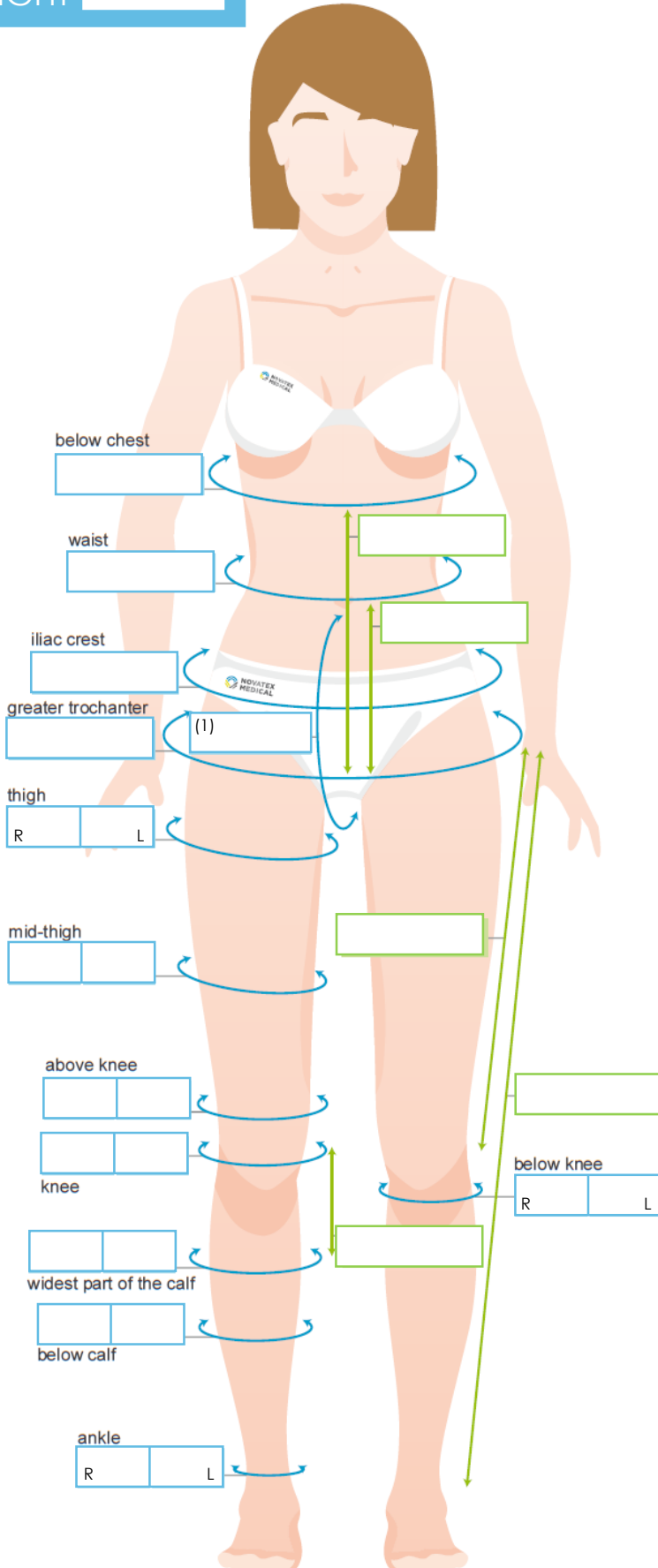
AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

Green — Length
 Height
 Width

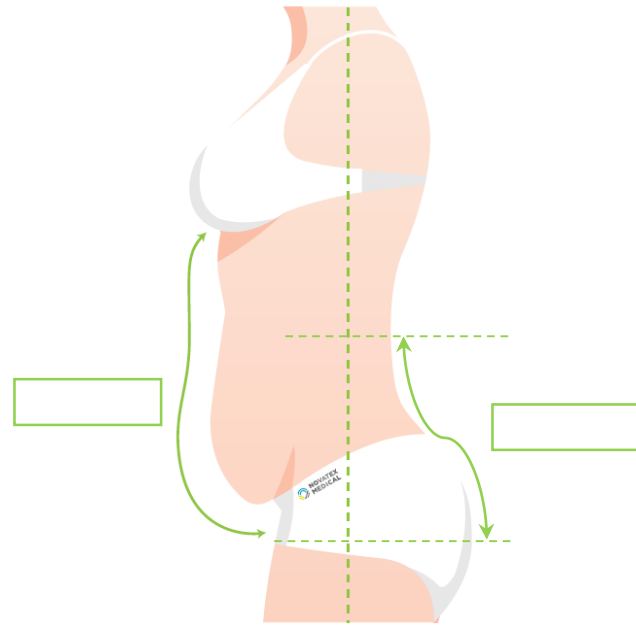
Blue — Circumference

L = Left
 R = Right

(1) Circumference vertical: waist abdomen – waist back

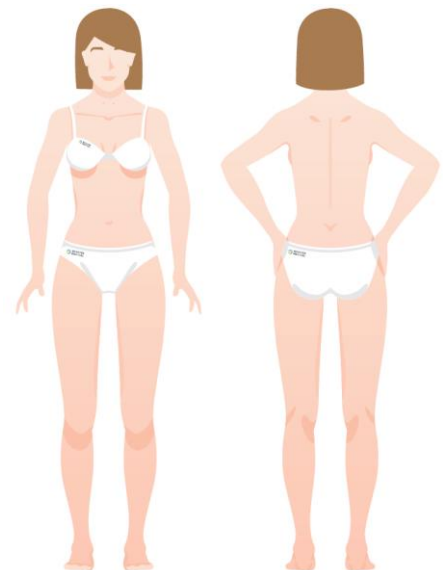


Prolapse



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

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Measurements
 Custom-made compression garments

NOV-FM-VEST-251018

PATIENT

Last name :

First name :

Man
 Woman
 Child
 Boy
 Girl
 Chest insert

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

YES POSITION

ELASTIC	LACE
<input type="checkbox"/> BLACK	<input type="checkbox"/> BLACK
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> GREY	<input type="checkbox"/> PARME
<input type="checkbox"/> PARME	<input type="checkbox"/> PINK
<input type="checkbox"/> CHOCOLATE	<input type="checkbox"/> DARK GREY
<input type="checkbox"/> PLUM	<input type="checkbox"/> SKIN COLOR
<input type="checkbox"/> DARK GREY	<input type="checkbox"/> TAUPE
<input type="checkbox"/> SKIN COLOR	
<input type="checkbox"/> TAUPE	

COLLAR	FOAM
<input type="checkbox"/> ROUND	<input type="checkbox"/> YES
<input type="checkbox"/> « V » SHAPE	POSITION <input type="text"/>

SLEEVE	ZIPPER
<input type="checkbox"/> NONE	<input type="checkbox"/> FRONT
<input type="checkbox"/> SHORT	<input type="checkbox"/> BACK
<input type="checkbox"/> LONG	<input type="checkbox"/> OTHER

OPTIONS

CROTCH FASTENING

SCAPULAR BANDS
Excluding reimbursement

VELCRO PATCH FRONT
 BACK

NOVAGRIP POSITION

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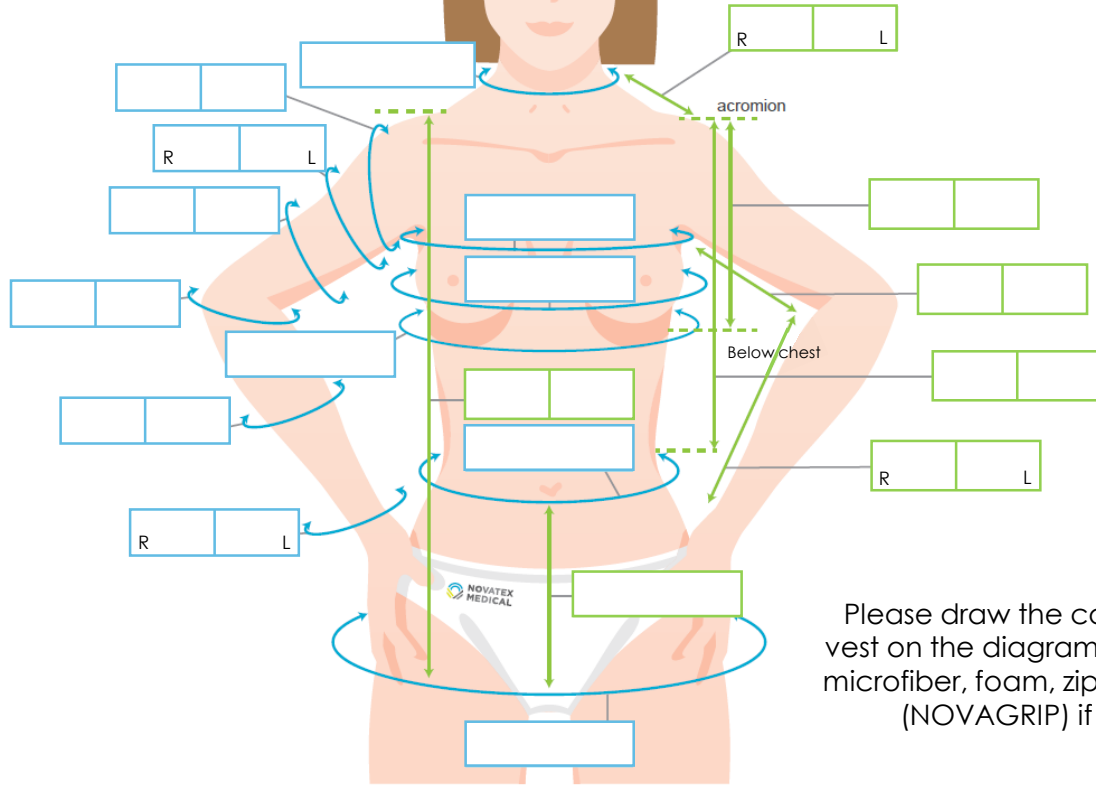
GILET

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

Green ——— Length
 Height
 Width

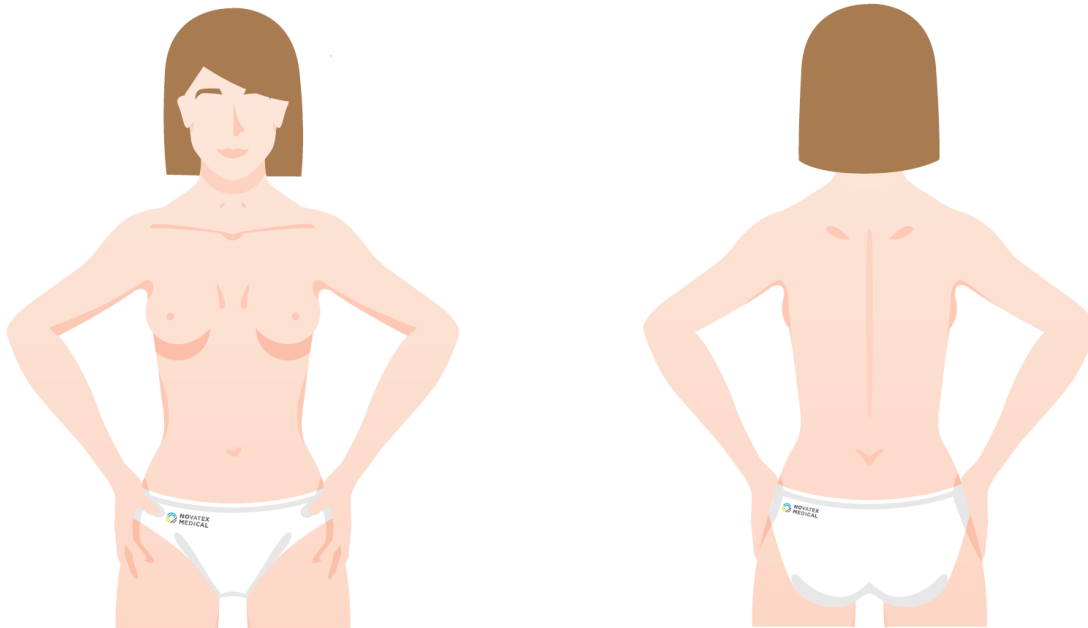
Blue ——— Circumference

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 :

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

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

SLIP-STOP

NOVAPIKO YES

ZIPPER YES

POSITION

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

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

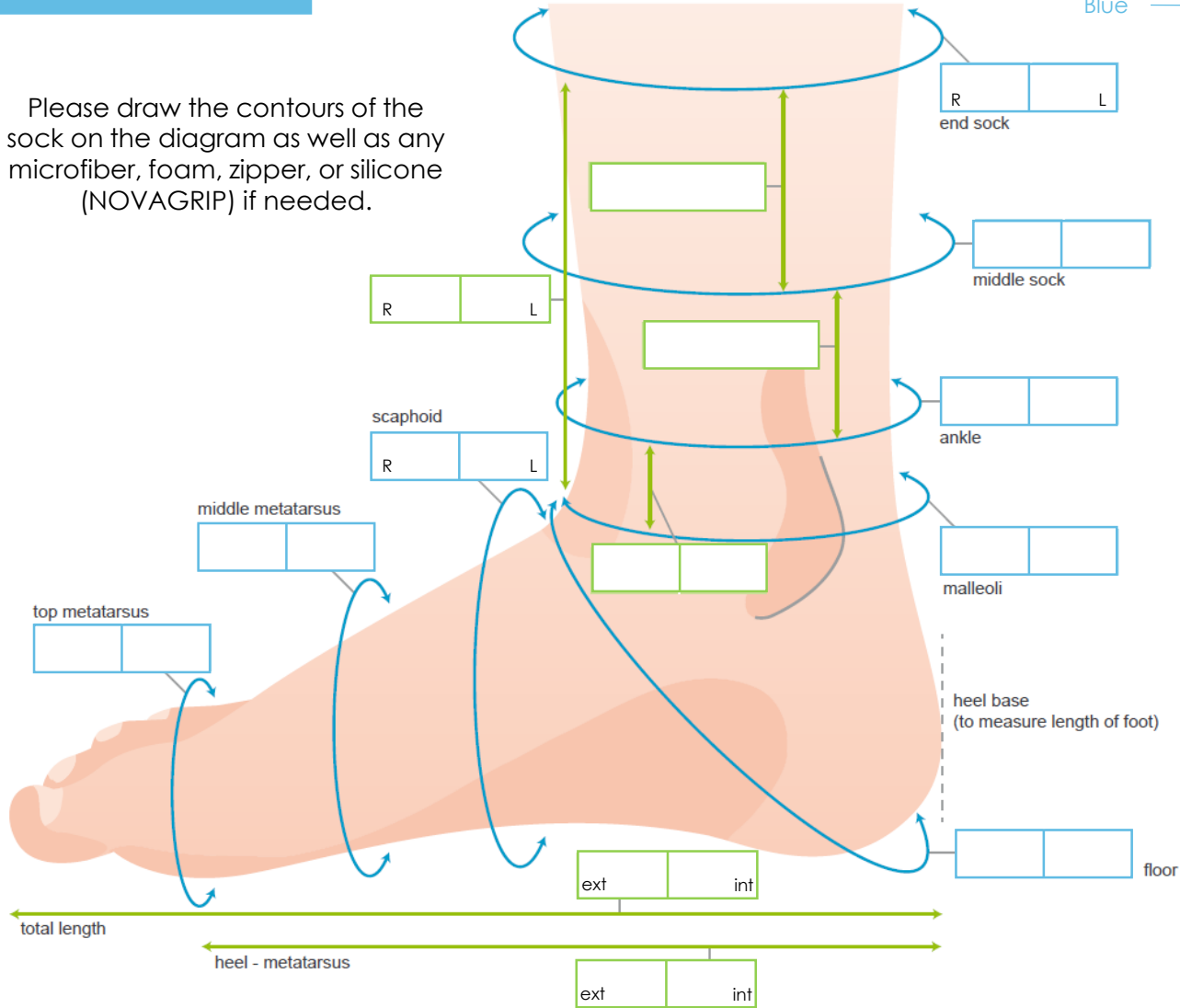
SOCK

Green — Length
 Height
 Width

Blue — Circumference

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

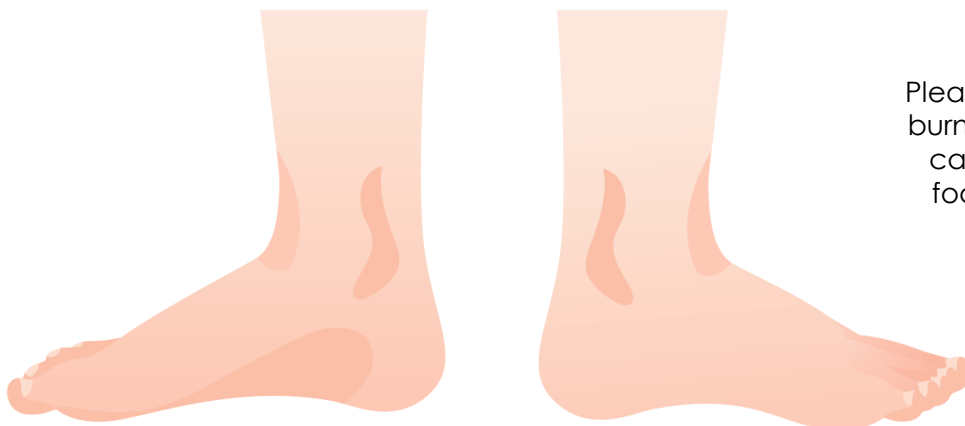
Please draw the contours of the sock on the diagram as well as any microfiber, foam, zipper, or silicone (NOVAGRIP) if needed.



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

<input type="checkbox"/> NOVAGRIP	<input type="checkbox"/> SKIN CONTACT <input type="checkbox"/> EXTERIOR
POSITION <input type="text"/>	
<input type="checkbox"/> NOVAPIKO	
POSITION <input type="text"/>	

COMMENTS

ZIPPER

<input type="checkbox"/> YES	<input type="checkbox"/> INTERIOR <i>Thumb side</i>
<input type="checkbox"/> NO	<input type="checkbox"/> EXTERIOR <i>Auricular side</i>
	<input type="checkbox"/> MIDDLE
	<input type="checkbox"/> BACK
	<input type="checkbox"/> PALMAR

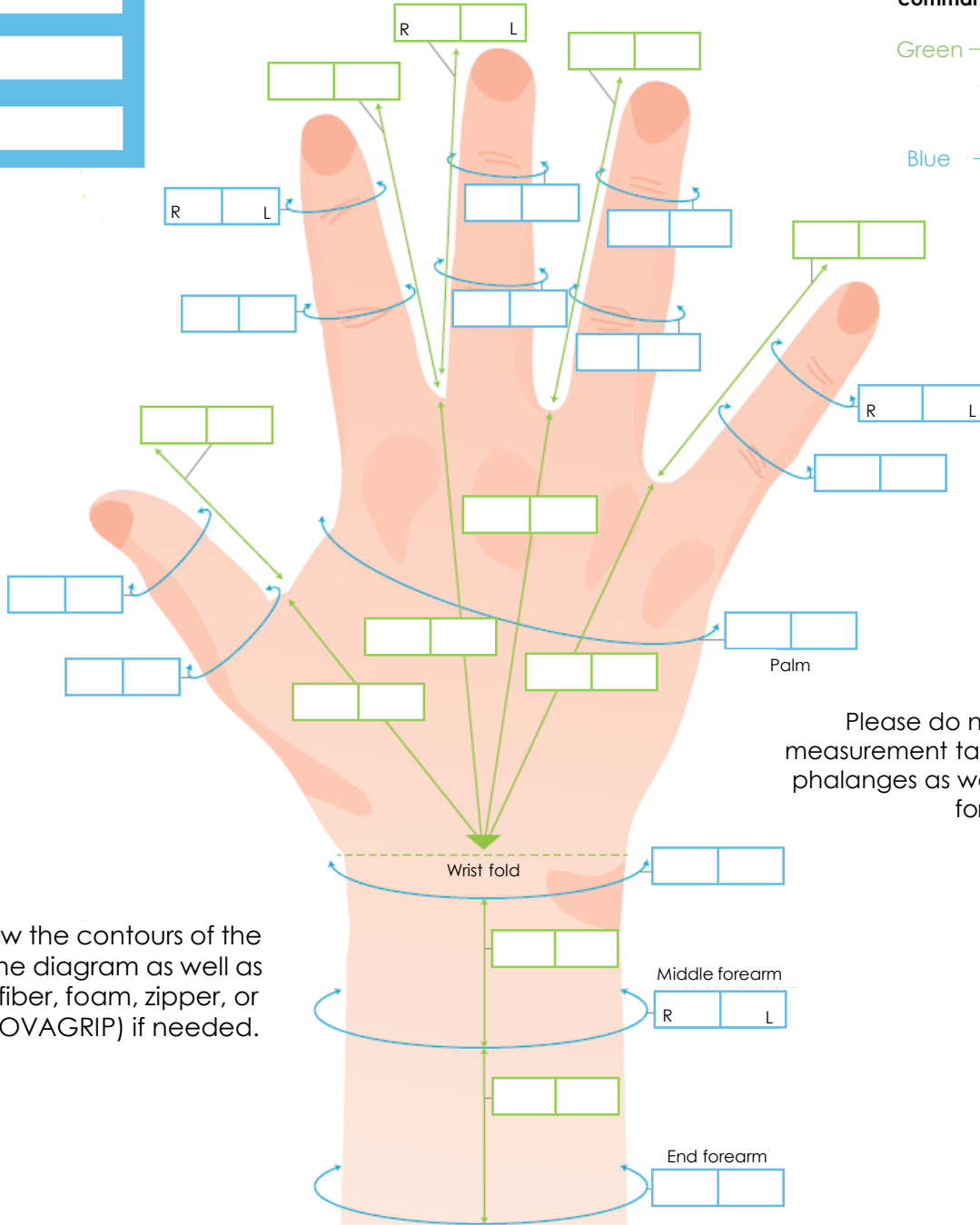
DELIVERY DATE / /

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

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

 / /

FABRICS

NOVASED

NOVADERM

NOVACEPTION

COLORS

BLACK
 PINK
 BLUE
 TAUPE
 NAVY BLUE

PARME
 GREY
 SKIN COLOR

BLACK
 PINK STRIPES
 BLUE STRIPES

MICROFIBER LINING

YES

POSITION

ELASTIC

SIMPLE

SLIP-STOP

COLOR

BLACK
 WHITE
 GREY
 PARME
 CHOCOLATE
 PLUM
 DARK GREY
 SKIN COLOR
 TAUPE

MODEL

LEFT

RIGHT

ZIPPER

YES

POSITION

FOAM

YES

POSITION

GLOVE ATTACHED

MITTEN ATTACHED

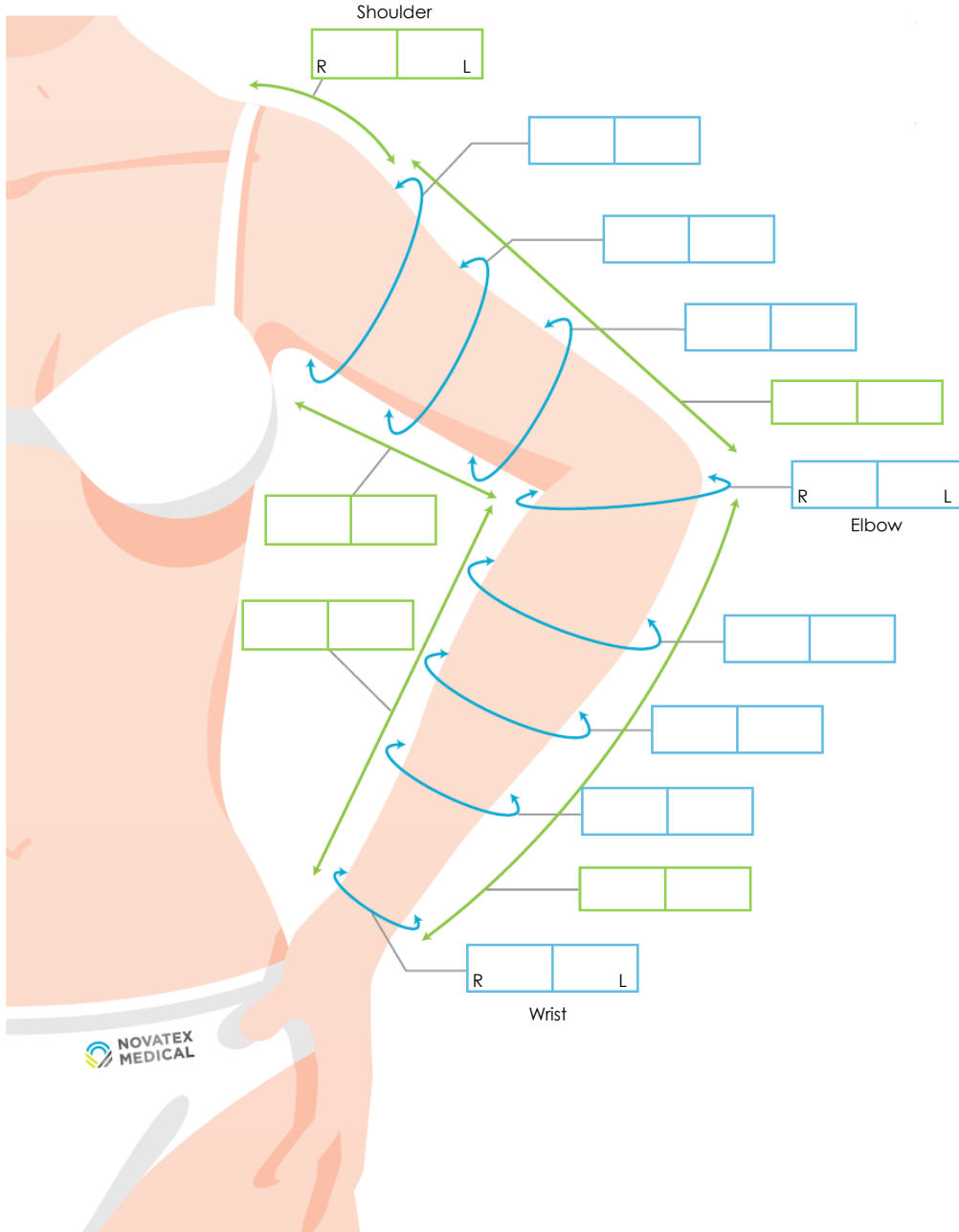
ARM / FOREARM

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.

Measurements
Custom-made compression garments

NOV-FM-LEG-251018

<p>PATIENT</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"/> EDS <input type="checkbox"/> BURNS </p>	<table border="1"> <tr> <td data-bbox="1054 315 1305 533"> <p>FABRICS</p> <p><input type="checkbox"/> NOVASED</p> <p><input type="checkbox"/> NOVADERM</p> <p><input type="checkbox"/> NOVACEPTION</p> </td> <td data-bbox="1316 315 1554 786"> <p>COLORS</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> PINK</p> <p><input type="checkbox"/> BLUE</p> <p><input type="checkbox"/> TAUPE</p> <p><input type="checkbox"/> NAVY BLUE</p> <p><input type="checkbox"/> PARME</p> <p><input type="checkbox"/> GREY</p> <p><input type="checkbox"/> SKIN COLOR</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> PINK STRIPES</p> <p><input type="checkbox"/> BLUE STRIPES</p> </td> </tr> </table>	<p>FABRICS</p> <p><input type="checkbox"/> NOVASED</p> <p><input type="checkbox"/> NOVADERM</p> <p><input type="checkbox"/> NOVACEPTION</p>	<p>COLORS</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> PINK</p> <p><input type="checkbox"/> BLUE</p> <p><input type="checkbox"/> TAUPE</p> <p><input type="checkbox"/> NAVY BLUE</p> <p><input type="checkbox"/> PARME</p> <p><input type="checkbox"/> GREY</p> <p><input type="checkbox"/> SKIN COLOR</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> PINK STRIPES</p> <p><input type="checkbox"/> BLUE STRIPES</p>
<p>FABRICS</p> <p><input type="checkbox"/> NOVASED</p> <p><input type="checkbox"/> NOVADERM</p> <p><input type="checkbox"/> NOVACEPTION</p>	<p>COLORS</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> PINK</p> <p><input type="checkbox"/> BLUE</p> <p><input type="checkbox"/> TAUPE</p> <p><input type="checkbox"/> NAVY BLUE</p> <p><input type="checkbox"/> PARME</p> <p><input type="checkbox"/> GREY</p> <p><input type="checkbox"/> SKIN COLOR</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> PINK STRIPES</p> <p><input type="checkbox"/> BLUE STRIPES</p>		
<p>PRESCRIBER</p> <p>Name : <input type="text"/></p> <p>Address : <input type="text"/></p>	<p>MICROFIBER LINING</p> <p><input type="checkbox"/> YES POSITION <input type="text"/></p>		
<p>MEASUREMENTS</p> <p>Taken by: <input type="text"/></p> <p>Date : <input type="text"/></p>	<table border="1"> <tr> <td data-bbox="1054 960 1305 1335"> <p>ELASTIC</p> <p><input type="checkbox"/> SIMPLE</p> <p><input type="checkbox"/> SLIP-STOP</p> </td> <td data-bbox="1316 960 1554 1424"> <p>COLOR</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> GREY</p> <p><input type="checkbox"/> PARME</p> <p><input type="checkbox"/> CHOCOLATE</p> <p><input type="checkbox"/> PLUM</p> <p><input type="checkbox"/> DARK GREY</p> <p><input type="checkbox"/> SKIN COLOR</p> <p><input type="checkbox"/> TAUPE</p> </td> </tr> </table>	<p>ELASTIC</p> <p><input type="checkbox"/> SIMPLE</p> <p><input type="checkbox"/> SLIP-STOP</p>	<p>COLOR</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> GREY</p> <p><input type="checkbox"/> PARME</p> <p><input type="checkbox"/> CHOCOLATE</p> <p><input type="checkbox"/> PLUM</p> <p><input type="checkbox"/> DARK GREY</p> <p><input type="checkbox"/> SKIN COLOR</p> <p><input type="checkbox"/> TAUPE</p>
<p>ELASTIC</p> <p><input type="checkbox"/> SIMPLE</p> <p><input type="checkbox"/> SLIP-STOP</p>	<p>COLOR</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> GREY</p> <p><input type="checkbox"/> PARME</p> <p><input type="checkbox"/> CHOCOLATE</p> <p><input type="checkbox"/> PLUM</p> <p><input type="checkbox"/> DARK GREY</p> <p><input type="checkbox"/> SKIN COLOR</p> <p><input type="checkbox"/> TAUPE</p>		
<p>COMMENTS</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>MODEL</p> <p><input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT</p>		
<p>DELIVERY DATE <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>ZIPPER</p> <p><input type="checkbox"/> YES POSITION <input type="text"/></p> <p>FOAM</p> <p><input type="checkbox"/> YES POSITION <input type="text"/></p> <p><input type="checkbox"/> SOCK ATTACHED</p> <p><input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED</p>		

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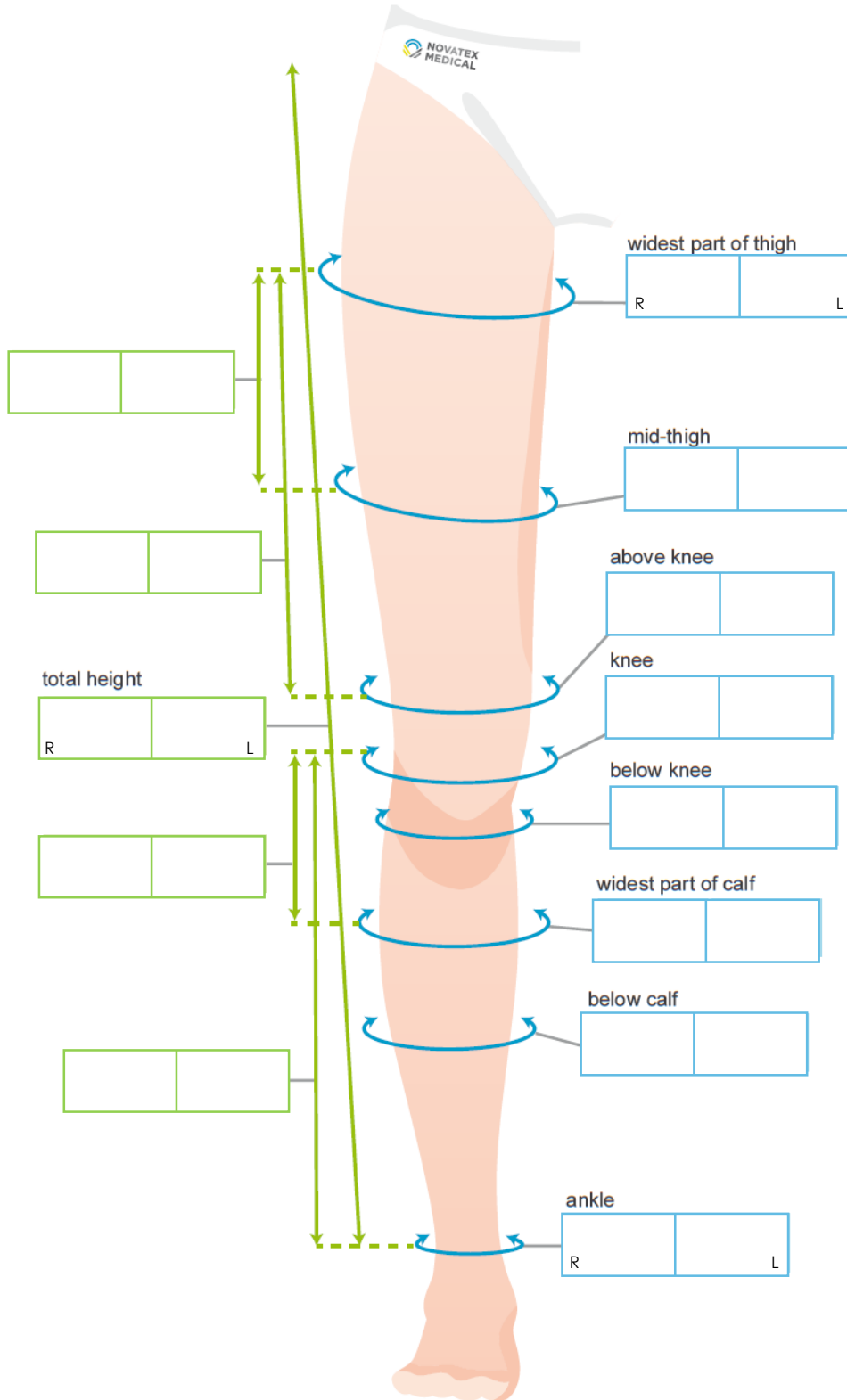
LEG

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

Green — Length
 Height
 Width

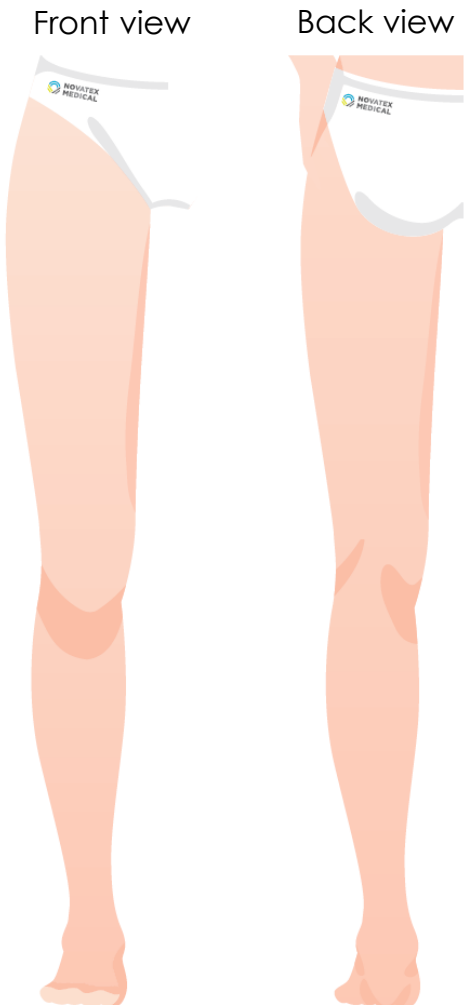
Blue — Circumference

L = Left
 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.

HOOD, COLLAR OR CHINSTRAP

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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 / /

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HOOD, COLLAR OR CHINSTRAP

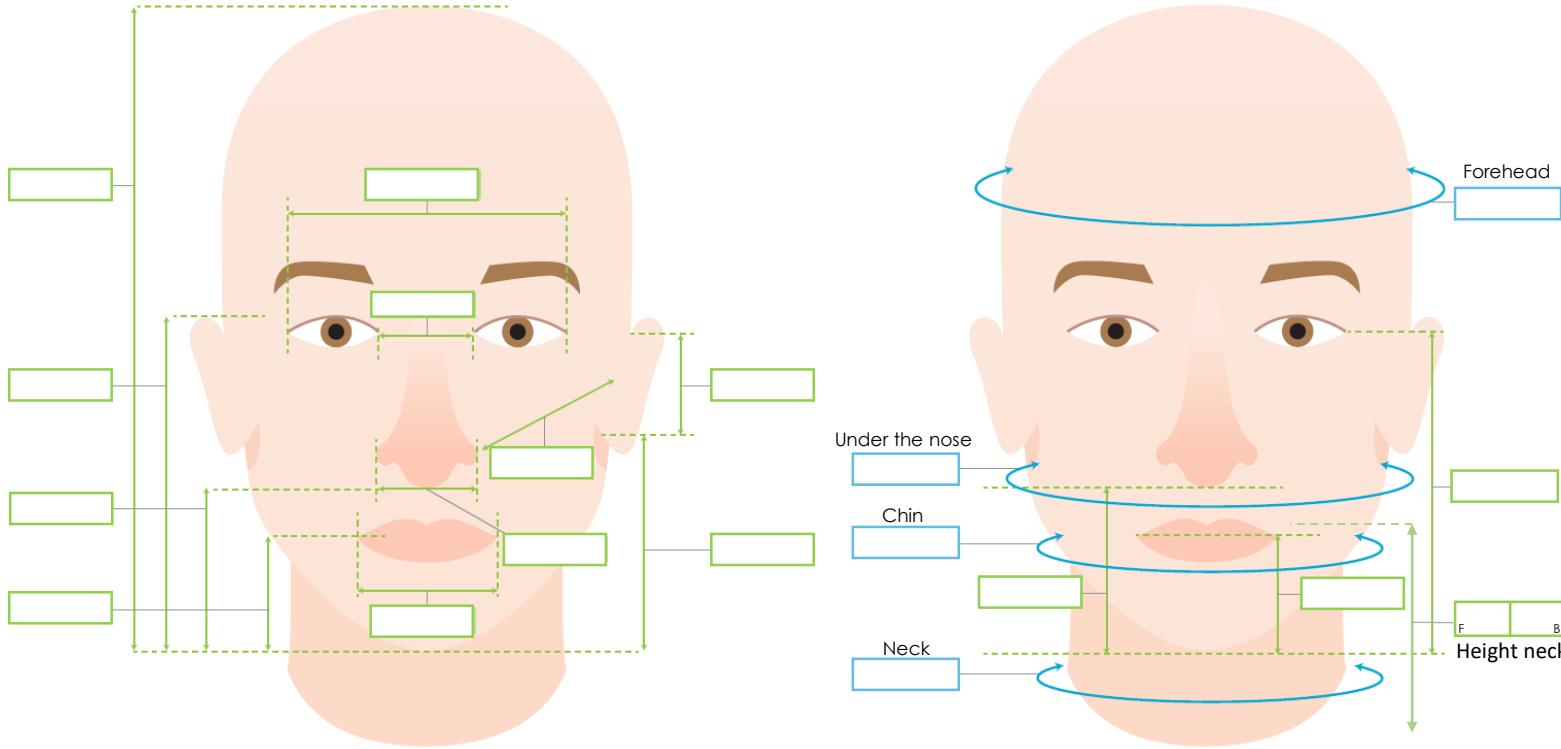
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 Fax : +33 (0)3 27 24 09 88
commande@novatex-medical.com

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.

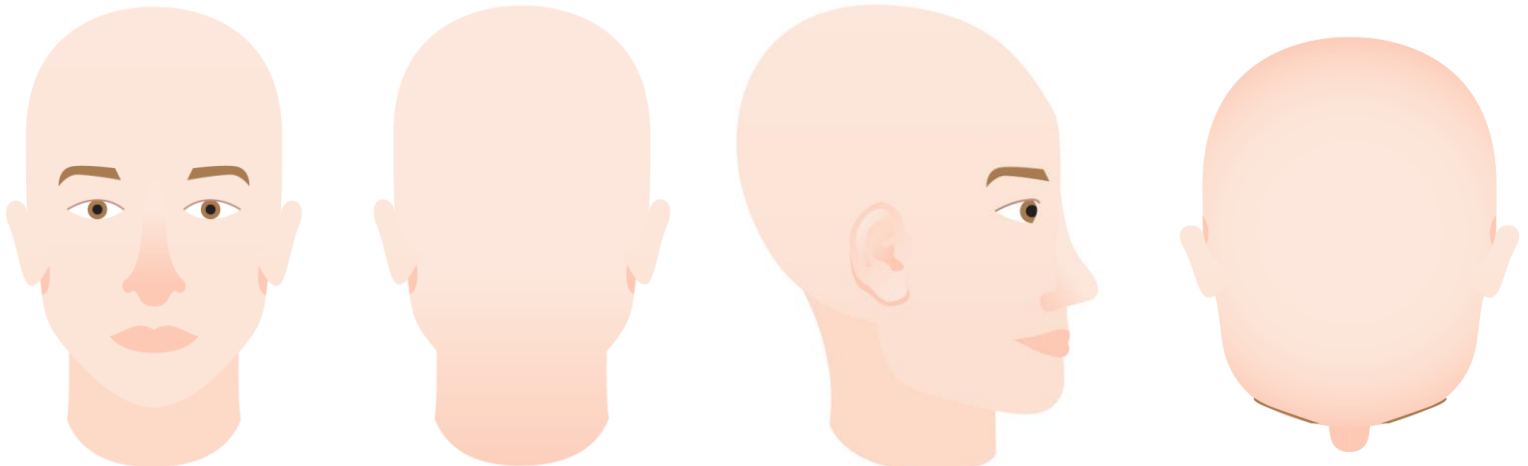
BURNS

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

Measurements
 Custom-made compression garments

NOV-FM-TOES-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

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

MEASUREMENTS

Taken by:

Date :

ZIPPER

YES POSITION

COMMENTS

MICROFIBER LINING

YES POSITION

FOAM

YES POSITION

NOVAPIKO

YES

NOVAGRIP

YES POSITION

DELIVERY DATE / /

OPTIONS

SOCK ATTACHED
 ELASTIC

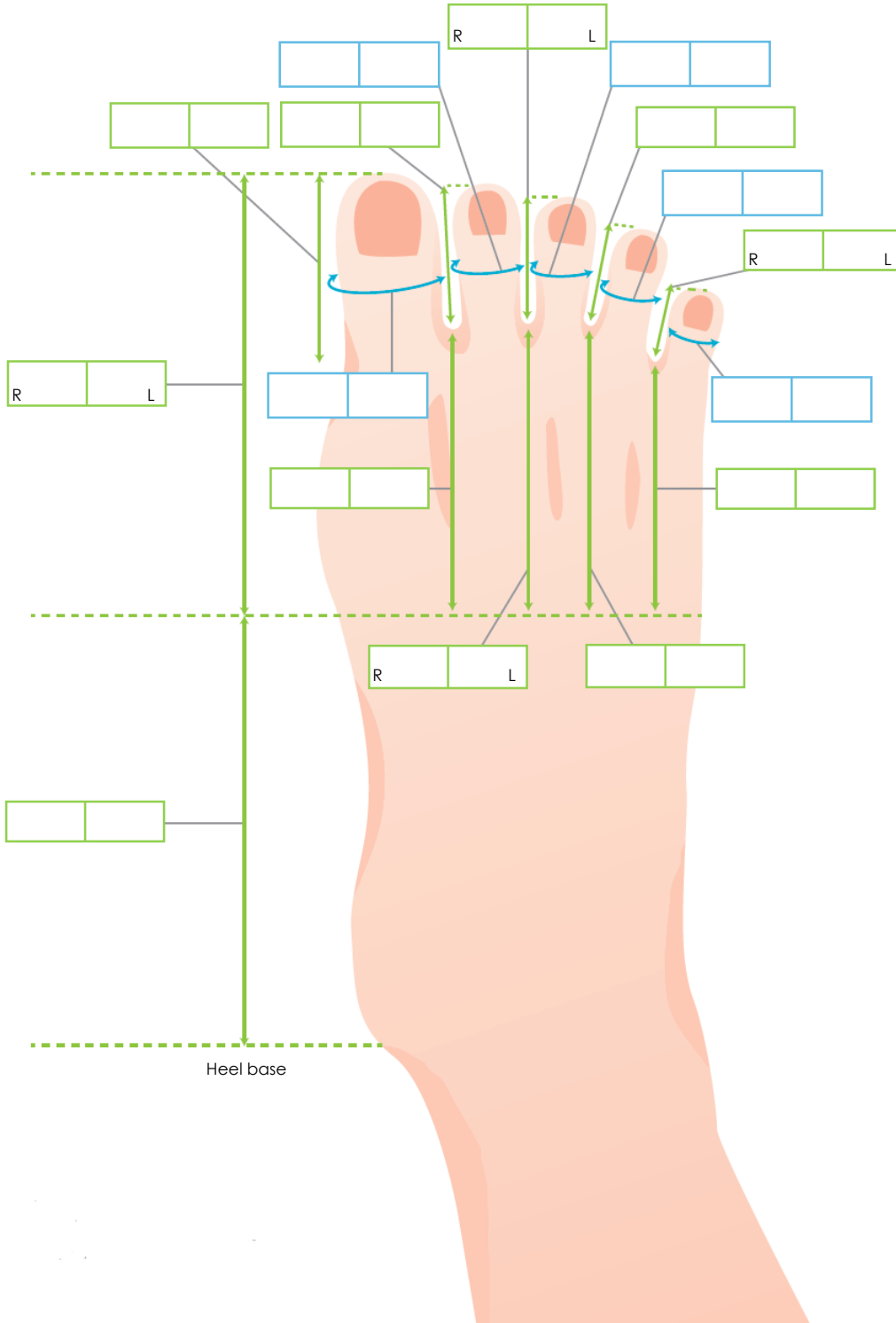
AGE	<input type="text"/>
SIZE	<input type="text"/>
WEIGHT	<input type="text"/>

TOE SOCK

Green ——— Length
 Height
 Width

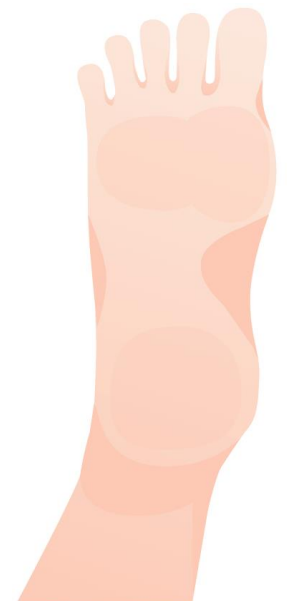
Blue ——— Circumference

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.



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