

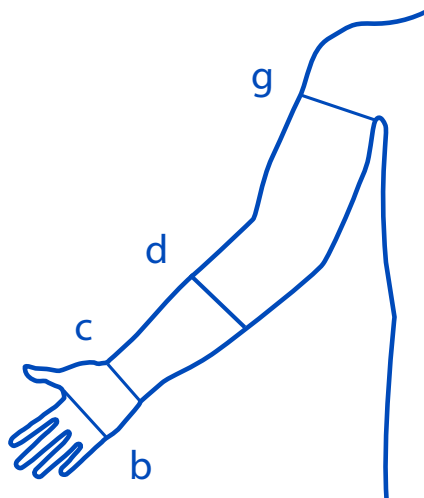


THUASNE

TEL: 01982 481620

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>b Palm at fold of thumb</b>	17 - 21	17 - 21	18 - 22	18 - 22	19 - 23	20 - 24
<b>c Wrist</b>	15 - 19	16 - 20	17 - 21	17 - 21	18 - 22	19 - 23
<b>d Mid-point of forearm</b>	22 - 28	24 - 30	26 - 32	28 - 34	30 - 36	31 - 37
<b>g Axilla</b>	25 - 32	29 - 36	33 - 40	37 - 44	41 - 48	45 - 52

## Lengths

<b>c-g Normal</b>	40 - 45	40 - 45	40 - 45	40 - 45	40 - 45	40 - 45
<b>c-g Long</b>	45 - 50	45 - 50	45 - 50	45 - 50	45 - 50	45 - 50

## PIP CODES

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

Delivery Address

Invoice Address

Postcode

Postcode

E-mail

E-mail

Telephone

Telephone