MOBIDERM® Intimate Bra

THUASNE®

☐ Order ☐ Quotation ☐ Renewal **Date:** ____ / ____ / ____

Patient Name: _____

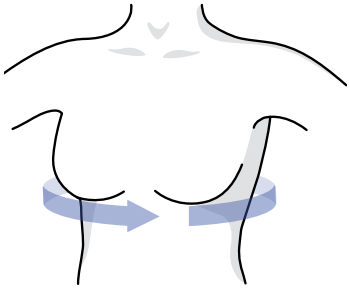
Medical Professional Name: _____

Fitter Name: _____

Case No. for renewal: _____

☐ 1st Treatment

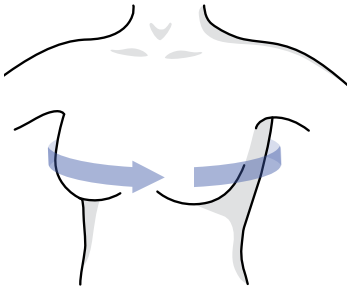
Phone: _____ **Email:** _____



1. Band Size

Measure the circumference just under the breast for band size.

_____ **(cm)**



2. Cup Size

Measure the circumference of the fullest part of the breast for cup size.

_____ **(cm)**

Sizing Chart		XS	S	M	L	XL
1. Band Size	CM	68 - 77 cm	78 - 87 cm	88 - 97 cm	98 - 107 cm	108 - 117 cm
2. Cup Size	AA/A	☐ 80 - 89 cm	☐ 90 - 99 cm	☐ 100 - 109 cm	☐ 112 - 119 cm	☐ 120 - 129 cm
	ITEM #	T571301201AAA24	T571301202AAA24	T571301203AAA24	T571301204AAA24	T571301205AAA24
	B/C	☐ 84 -93 cm	☐ 94 - 103 cm	☐ 104 - 113 cm	☐ 116 - 123 cm	☐ 124 - 133 cm
	ITEM #	T5713012010BC24	T5713012020BC24	T5713012030BC24	T5713012040BC24	T5713012050BC24
	D/E	☐ 88 - 97 cm	☐ 98 - 107 cm	☐ 108 - 117 cm	☐ 120 - 127 cm	☐ 128 - 137 cm
	ITEM #	T5713012010DE24	T5713012020DE24	T5713012030DE24	T5713012040DE24	T5713012050DE24

Suggested HCPCS: A6528 **Description:** Gradient compression garment, bra, for nighttime use, each **Qty** _____

Additional **Mobiderm® Mobilizing Pads** available in big and small block. Sold separately to cut and use for different desired shapes or sizes.

	Pad Size	Block Size	Product Code	Suggested HCPCS	Description	Quantity
☐	25cm x 1m	Small Block 5mm x 5mm	37100103310001	A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Qty _____
☐	20cm x 1m	Big Block 15mm x 15mm	37100103310002	A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Qty _____
☐	25cm x 25cm	Small Block 5mm x 5mm	37100102502501	A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Qty _____

Comments: _____

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