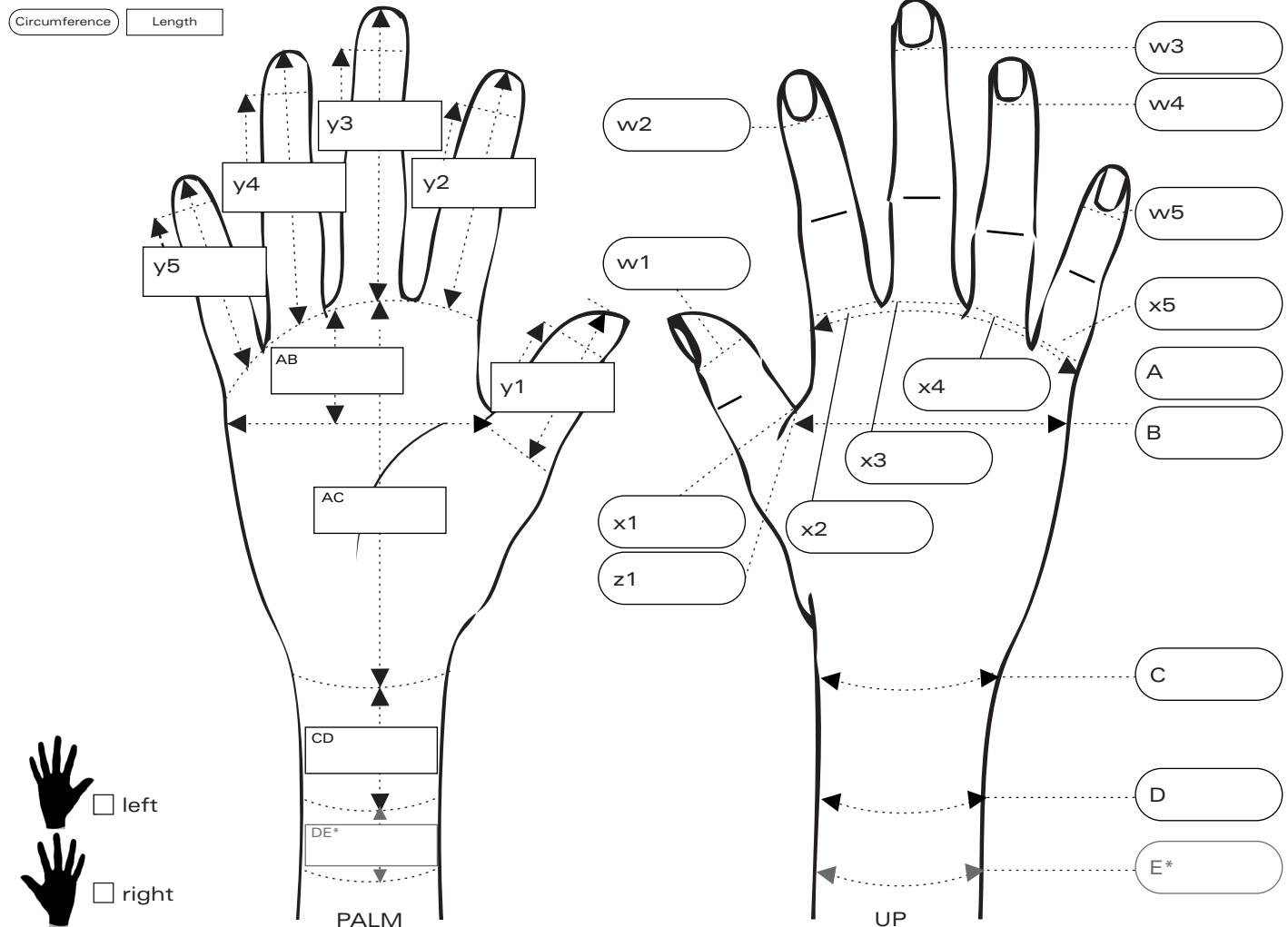


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**Name patient**

|                 |                                                       |                     |
|-----------------|-------------------------------------------------------|---------------------|
| Birth date      | Gender                                                | Date of measurement |
| ... / ... / ... | <input type="checkbox"/> m <input type="checkbox"/> v | ... / ... / 20...   |
| Measured by     |                                                       | Department          |
| Patient number  |                                                       | Order number        |



**Quality and color**

\* only in s-line  
\*\* not available in s-line

| Quantity                 | STRONG |                     | COMFORT                  | Quantity |
|--------------------------|--------|---------------------|--------------------------|----------|
| <input type="checkbox"/> | 01     | Skin / Skin         | <input type="checkbox"/> | 01**     |
| <input type="checkbox"/> | -      | Skin / Black        | <input type="checkbox"/> | 02       |
| <input type="checkbox"/> | 03     | Zwart / Black       | <input type="checkbox"/> | 03       |
| <input type="checkbox"/> | 06     | Blue / Black        | <input type="checkbox"/> | 06       |
| <input type="checkbox"/> | 08     | Green / Black       | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 09     | Red / Skin          | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 10     | Red / Black         | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 11     | Pink / Skin         | <input type="checkbox"/> | 11       |
| <input type="checkbox"/> | 14     | Bordeaux / Black    | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 16     | Anthracite / Black  | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 17     | Gray / Skin         | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 18     | Gray / Black        | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 20     | Blue Marine / Black | <input type="checkbox"/> | 20       |
| <input type="checkbox"/> | -      | White / White       | <input type="checkbox"/> | 21*      |
| <input type="checkbox"/> | 23**   | Brown / Brown       | <input type="checkbox"/> | 23**     |
| <b>SILICONE</b>          |        |                     |                          |          |
| <input type="checkbox"/> | 01     | Skin                |                          |          |

**Application**

- ☐ LYPHE
- ☐ BURNS
- ☐ FLAT KNIT (with seams)
- ☐ S-LINE (seamless)

**Options**

\* supplement  
\*\* Not available with s-line

**Patches kids**

- ☐ girl: .....
- ☐ boy: .....

**Anti-slip ribbon**

- ☐ 2 cm
- ☐ 3 cm

**Supplements**

- ☐ wrist without compression
- ☐ \* with fastener (dorsal)
- ☐ \*\* glove + arm sleeve in 1 piece
- ☐ \*(\*\*) pocket, size: .....
- ☐ \*(\*\*) pelotte, size: .....
- ☐ \*(\*\*) soft fabric between fingers
- ☐ \*(\*\*) sewn-in silicone
- ☐ \*extended wrist (fill in DE and E size)

**Models**



Special instructions: .....

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**Name patient**

|                     |                                                       |                     |
|---------------------|-------------------------------------------------------|---------------------|
| Birth date          | Gender                                                | Date of measurement |
| . . / . . / . . . . | <input type="checkbox"/> m <input type="checkbox"/> v | . . / . . / 20 . .  |
| Measured by         |                                                       | Department          |
|                     |                                                       |                     |
| Patient number      |                                                       | Order number        |
|                     |                                                       |                     |

Figure 1 illustrates the anthropometric measurements for a jacket, showing a front view and a side view of a person's head and neck. The measurements are categorized into Circumference and Length.

**Circumference Measurements:**

- Cup
- A-B\*
- I-J
- Collar height

**Length Measurements:**

- Length back
- N-R1\*
- N-RA\*

**Key Definitions:**

- NN2\* = standard 12cm
- A-B\* must be greater than NN2
- N-R1\* = desired back length
- N-RA\* = up to c7

**Measurement Points and Lines:**

- RIGHT:** SH, SG, H, G, CG, F, CF, E, CE, D, CD, C.
- LEFT:** SH, SG, H, G, CG, F, CF, E, CE, D, CD, C.
- Center:** Tc, S, R, SI, NR, N, NN2\*, N2, N2M, M, ML, L.

### **Quality and color**

| Quantity                 | <b>STRONG</b> |                     | <b>COMFORT</b>           | Quantity |
|--------------------------|---------------|---------------------|--------------------------|----------|
| <input type="checkbox"/> | 01            | Skin / Skin         | <input type="checkbox"/> | 01       |
| <input type="checkbox"/> | -             | Skin / Black        | <input type="checkbox"/> | 02       |
| <input type="checkbox"/> | 03            | Zwart / Black       | <input type="checkbox"/> | 03       |
| <input type="checkbox"/> | 06            | Blue / Black        | <input type="checkbox"/> | 06       |
| <input type="checkbox"/> | 08            | Green / Black       | -                        |          |
| <input type="checkbox"/> | 09            | Red / Skin          | -                        |          |
| <input type="checkbox"/> | 10            | Red / Black         | -                        |          |
| <input type="checkbox"/> | 11            | Pink / Skin         | <input type="checkbox"/> | 11       |
| <input type="checkbox"/> | 14            | Bordeaux / Black    | -                        |          |
| <input type="checkbox"/> | 16            | Anthracite / Black  | -                        |          |
| <input type="checkbox"/> | 17            | Gray / Skin         | -                        |          |
| <input type="checkbox"/> | 18            | Gray / Black        | -                        |          |
| <input type="checkbox"/> | 20            | Blue Marine / Black | <input type="checkbox"/> | 20       |
| <input type="checkbox"/> | 23            | Brown / Brown       | <input type="checkbox"/> | 23       |
| <b>SILICONE</b>          |               |                     |                          |          |
| <input type="checkbox"/> | 01            | Skin                |                          |          |

## Application

☐ LYMPHE

☐ BURNS

**Options** \* supplement

☒ Soft fabric under armpits is standard

**Patches kids**

☐ girl: .....

☐ boy: .....

**Fastening**

☐ fastening mid front

☐ fastening mid back

☐ hooks & eyes

☐ zipper

**Anti-slip ribbon**

☐ 3 cm (standard)

☐ 5 cm

**Varia**

☐ \*obese/pregnant length difference: .....

☐ collar height: .....

**Body** \* supplement

Special instructions: .....

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Name patient

|                |                                                       |                     |
|----------------|-------------------------------------------------------|---------------------|
| Birth date     | Gender                                                | Date of measurement |
| .. / .. / ..   | <input type="checkbox"/> m <input type="checkbox"/> v | .. / .. / 20 ..     |
| Measured by    |                                                       | Department          |
| Patient number |                                                       | Order number        |

Circumference  Length

**RIGHT**

AL  L

AG  K

AK  G

AF  F

AE  E

AD  D

AC  C

AB1  B1

AB  B

AA2  A2

A  A1

**LEFT**

G

F

AG

AF

AE

AD

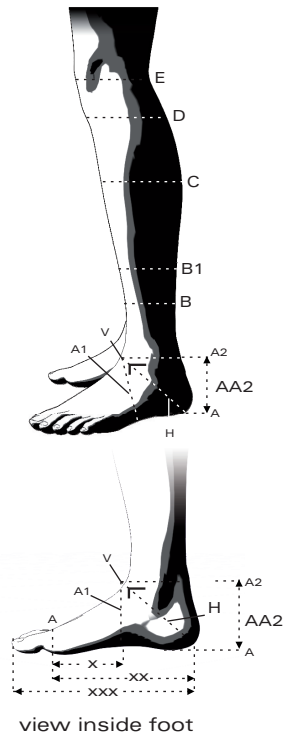
AC

AB1

AB

AA2

A1  A



view inside foot

| Right                    | Left                     |
|--------------------------|--------------------------|
| x <input type="text"/>   | x <input type="text"/>   |
| xx <input type="text"/>  | xx <input type="text"/>  |
| xxx <input type="text"/> | xxx <input type="text"/> |

☐ Open foot  
☐ Closed foot

**Application**

- ☐ LYMPHE  
☐ BURNS

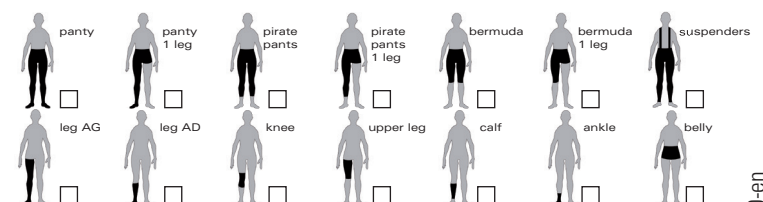
**Quality and color**

| Quantity                 | STRONG |                     | COMFORT                  | Quantity |
|--------------------------|--------|---------------------|--------------------------|----------|
| <input type="checkbox"/> | 01     | Skin / Skin         | <input type="checkbox"/> | 01       |
| <input type="checkbox"/> | -      | Skin / Black        | <input type="checkbox"/> | 02       |
| <input type="checkbox"/> | 03     | Zwart / Black       | <input type="checkbox"/> | 03       |
| <input type="checkbox"/> | 06     | Blue / Black        | <input type="checkbox"/> | 06       |
| <input type="checkbox"/> | 08     | Green / Black       | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 09     | Red / Skin          | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 10     | Red / Black         | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 11     | Pink / Skin         | <input type="checkbox"/> | 11       |
| <input type="checkbox"/> | 14     | Bordeaux / Black    | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 16     | Anthracite / Black  | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 17     | Gray / Skin         | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 18     | Gray / Black        | <input type="checkbox"/> | -        |
| <input type="checkbox"/> | 20     | Blue Marine / Black | <input type="checkbox"/> | 20       |
| <input type="checkbox"/> | 23     | Brown / Brown       | <input type="checkbox"/> | 23       |
| <b>SILICONE</b>          |        |                     |                          |          |
| <input type="checkbox"/> | 01     | Skin                |                          |          |

**Options** standaard zonder rits

\* supplement  
\*\*standard: 2cm under, 3cm above the knee

|                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                         |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>Fastening</b><br><input type="checkbox"/> open crotch<br><input type="checkbox"/> *open gentlemen cross<br><input type="checkbox"/> *zipper mid front<br><input type="checkbox"/> *zipper side<br><input type="checkbox"/> *AD medial zipper<br><input type="checkbox"/> *AD lateral zipper | <b>Anti-slip ribbon</b><br><input type="checkbox"/> **2 cm<br><input type="checkbox"/> **3 cm<br><input type="checkbox"/> 5 cm<br><input type="checkbox"/> * oblique (5+3cm) | <b>Varia</b><br><input type="checkbox"/> *AG with oblique edge, height: .....<br><input type="checkbox"/> belly without pressure<br><input type="checkbox"/> *length suspenders: .....<br><b>Compression class</b><br><input type="checkbox"/> CL II<br><input type="checkbox"/> CL III | <b>Patches kids</b><br><input type="checkbox"/> girl: .....<br><input type="checkbox"/> boy: ..... |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|



Special instructions: .....

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## Name patient

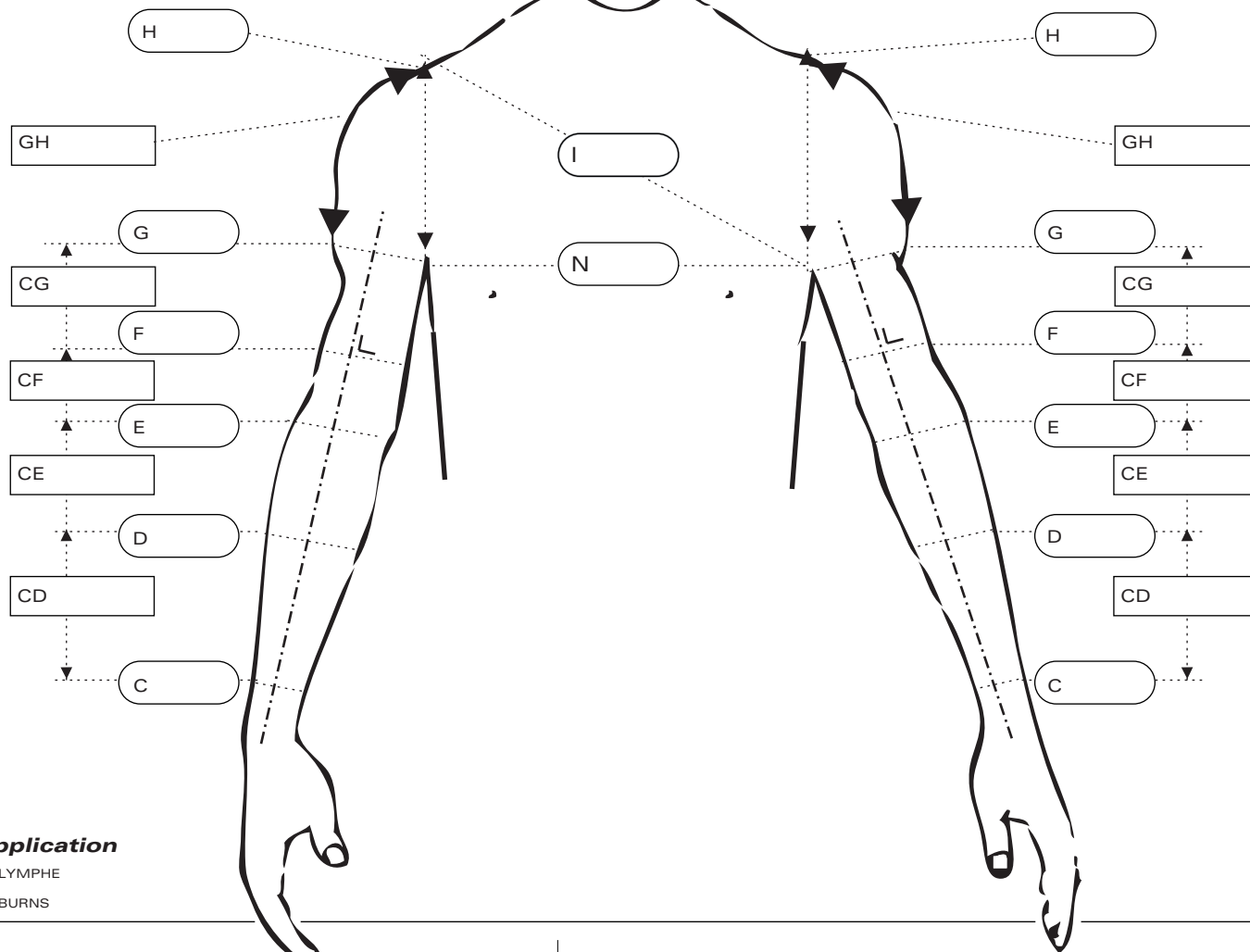
|                |                                                       |                     |
|----------------|-------------------------------------------------------|---------------------|
| Birth date     | Gender                                                | Date of measurement |
| .. / .. / ..   | <input type="checkbox"/> m <input type="checkbox"/> v | .. / .. / 20 ..     |
| Measured by    |                                                       | Department          |
| Patient number |                                                       | Order number        |

Circumference

Length

RIGHT

LEFT



## Application

- ☐ LYMPHE  
☐ BURNS

## Quality and color

| Quantity | STRONG                      |                     | COMFORT                     | Quantity |
|----------|-----------------------------|---------------------|-----------------------------|----------|
| ___      | <input type="checkbox"/> 01 | Skin / Skin         | <input type="checkbox"/> 01 | ___      |
| ___      | -                           | Skin / Black        | <input type="checkbox"/> 02 | ___      |
| ___      | <input type="checkbox"/> 03 | Zwart / Black       | <input type="checkbox"/> 03 | ___      |
| ___      | <input type="checkbox"/> 06 | Blue / Black        | <input type="checkbox"/> 06 | ___      |
| ___      | <input type="checkbox"/> 08 | Green / Black       | -                           | ___      |
| ___      | <input type="checkbox"/> 09 | Red / Skin          | -                           | ___      |
| ___      | <input type="checkbox"/> 10 | Red / Black         | -                           | ___      |
| ___      | <input type="checkbox"/> 11 | Pink / Skin         | <input type="checkbox"/> 11 | ___      |
| ___      | <input type="checkbox"/> 14 | Bordeaux / Black    | -                           | ___      |
| ___      | <input type="checkbox"/> 16 | Anthraxite / Black  | -                           | ___      |
| ___      | <input type="checkbox"/> 17 | Gray / Skin         | -                           | ___      |
| ___      | <input type="checkbox"/> 18 | Gray / Black        | -                           | ___      |
| ___      | <input type="checkbox"/> 20 | Blue Marine / Black | <input type="checkbox"/> 20 | ___      |
| ___      | <input type="checkbox"/> 23 | Brown / Brown       | <input type="checkbox"/> 23 | ___      |
| ___      | <b>SILICONE</b>             |                     |                             |          |
| ___      | <input type="checkbox"/> 01 | Skin                |                             |          |

## Options \* supplement

### Patches kids

- ☐ girl: .....  
☐ boy: .....

### Compression class

- ☐ CL II  
☐ CL III

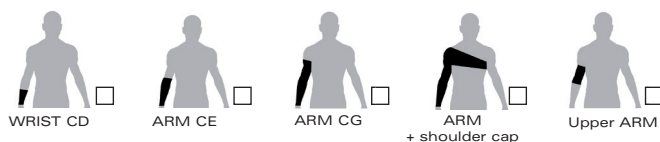
### Anti-slip ribbon

- ☐ 2 cm (standard)  
☐ 3 cm  
☐ 5 cm

### Varia

- ☐ \*oblique border, height: .....  
☐ glove and arm sleeve in 1 piece (CL II)

## Models:



Special instructions: .....

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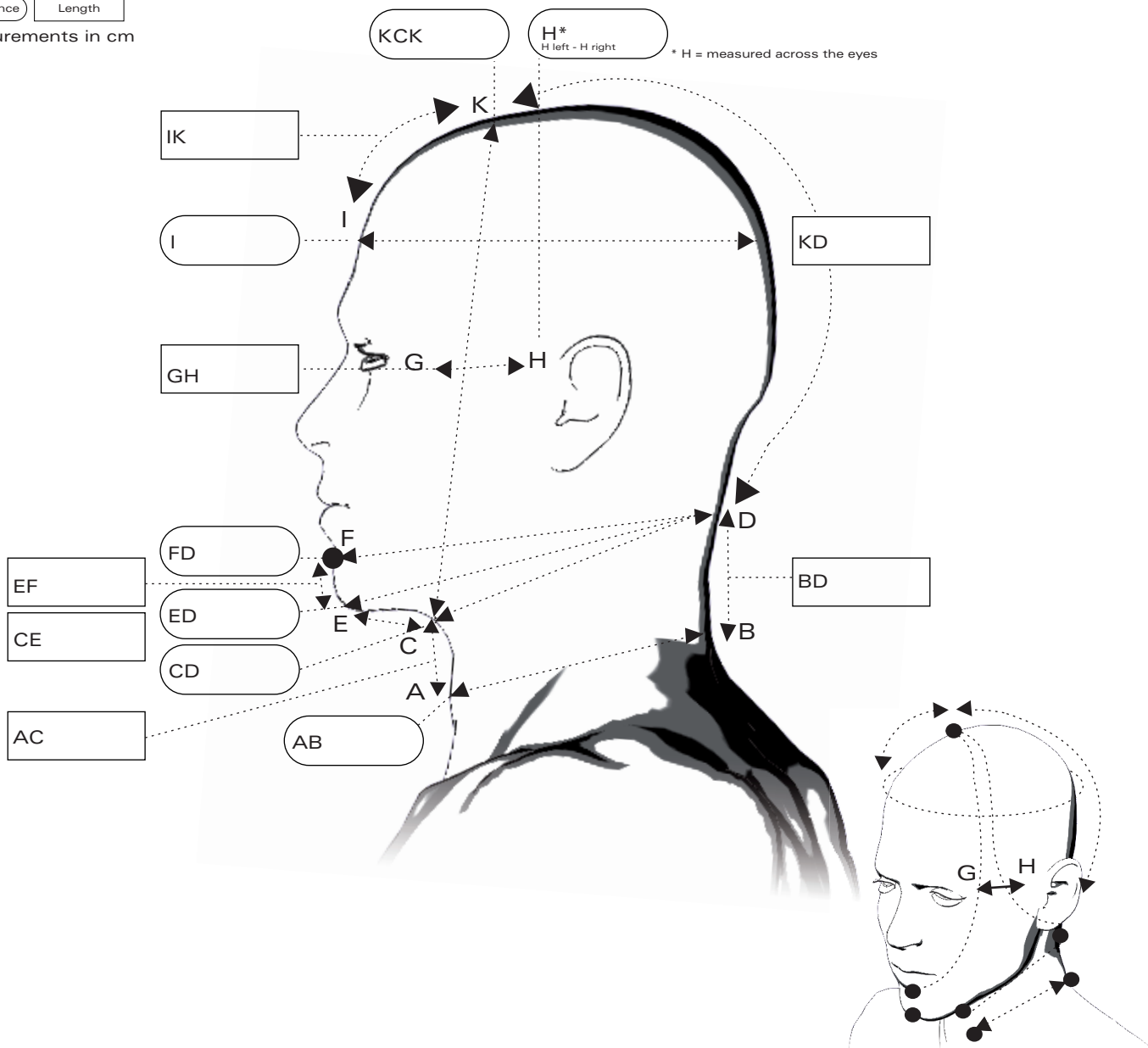
**Name patient**

|                 |                                                       |                     |
|-----------------|-------------------------------------------------------|---------------------|
| Birth date      | Gender                                                | Date of measurement |
| ... / ... / ... | <input type="checkbox"/> m <input type="checkbox"/> v | ... / ... / 20...   |
| Measured by     |                                                       | Department          |
| Patient number  |                                                       | Order number        |

☐ Circumference

☐ Length

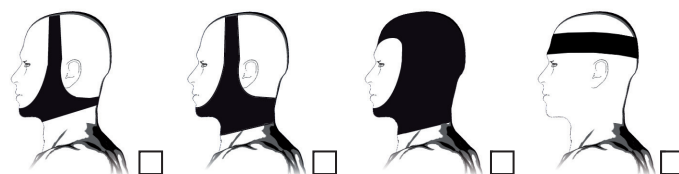
! measurements in cm


**Quality**

Quantity

- ☐ POLYAMIDE  
☐ SILICONE  
☐ COMBI PA - SILICONE

**Color**
☐ SKIN

**Models:**


Special instructions:

**Tricolast nv**

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# Teenstuk (naadloos)

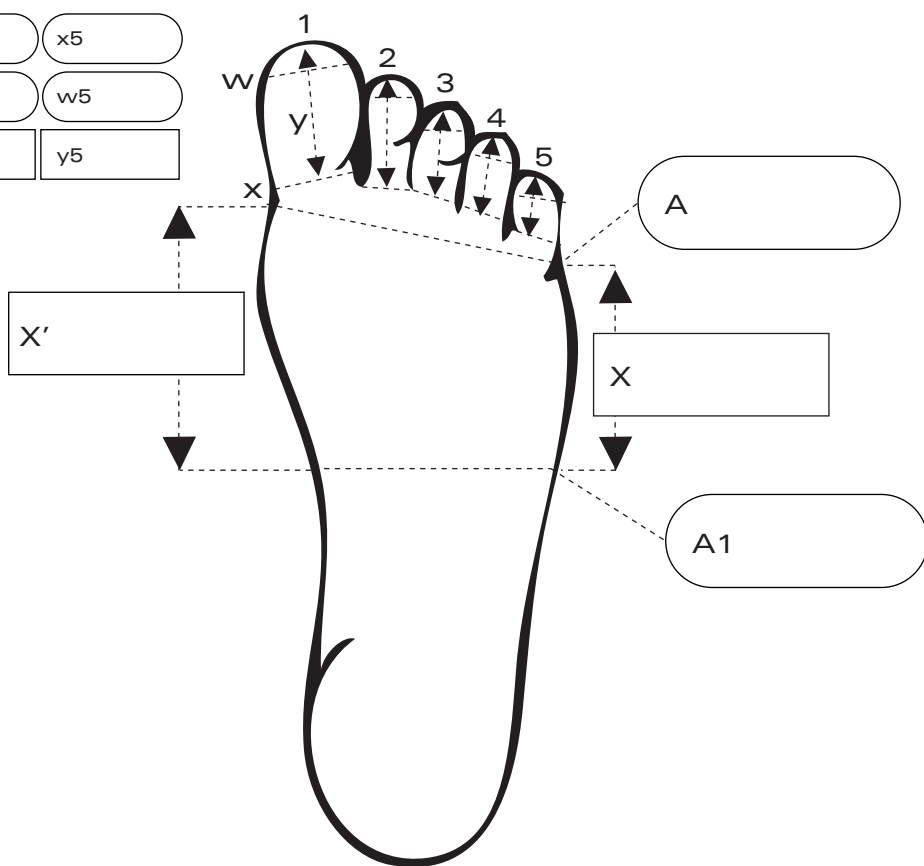
**Name patient**

|                |                                                       |                     |
|----------------|-------------------------------------------------------|---------------------|
| Birth date     | Gender                                                | Date of measurement |
| .. / .. / ..   | <input type="checkbox"/> m <input type="checkbox"/> v | .. / .. / 20..      |
| Measured by    |                                                       | Department          |
| Patient number |                                                       | Order number        |

Circumference

Length

|    |    |    |    |    |
|----|----|----|----|----|
| x1 | x2 | x3 | x4 | x5 |
| w1 | w2 | w3 | w4 | w5 |
| y1 | y2 | y3 | y4 | y5 |


**Application**

- ☐ LYMPHE  
☐ BURNS

**Quality and color**

| Quantity | STRONG                      |                     | COMFORT                     | Quantity |
|----------|-----------------------------|---------------------|-----------------------------|----------|
| ___      | <input type="checkbox"/> 01 | Skin / Skin         | -                           | ___      |
| ___      | -                           | Skin / Black        | <input type="checkbox"/> 02 | ___      |
| ___      | <input type="checkbox"/> 03 | Zwart / Black       | <input type="checkbox"/> 03 | ___      |
| ___      | <input type="checkbox"/> 06 | Blue / Black        | <input type="checkbox"/> 06 | ___      |
| ___      | <input type="checkbox"/> 08 | Green / Black       | -                           | ___      |
| ___      | <input type="checkbox"/> 09 | Red / Skin          | -                           | ___      |
| ___      | <input type="checkbox"/> 10 | Red / Black         | -                           | ___      |
| ___      | <input type="checkbox"/> 11 | Pink / Skin         | <input type="checkbox"/> 11 | ___      |
| ___      | <input type="checkbox"/> 14 | Bordeaux / Black    | -                           | ___      |
| ___      | <input type="checkbox"/> 16 | Anthracite / Black  | -                           | ___      |
| ___      | <input type="checkbox"/> 17 | Gray / Skin         | -                           | ___      |
| ___      | <input type="checkbox"/> 18 | Gray / Black        | -                           | ___      |
| ___      | <input type="checkbox"/> 20 | Blue Marine / Black | <input type="checkbox"/> 20 | ___      |
| ___      | -                           | White / White       | <input type="checkbox"/> 21 | ___      |

**Order info**

- ☐ left foot ☐ right foot  
☐ open toes ☐ closed toes  
☐ anti-slip at the level of A1  
☐ missing toes:  
 1 2 3 4 5  
☐ ☐ ☐ ☐ ☐  
☐ Closed (amputation)  
☐ Left open

Special instructions: .....