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Clinic

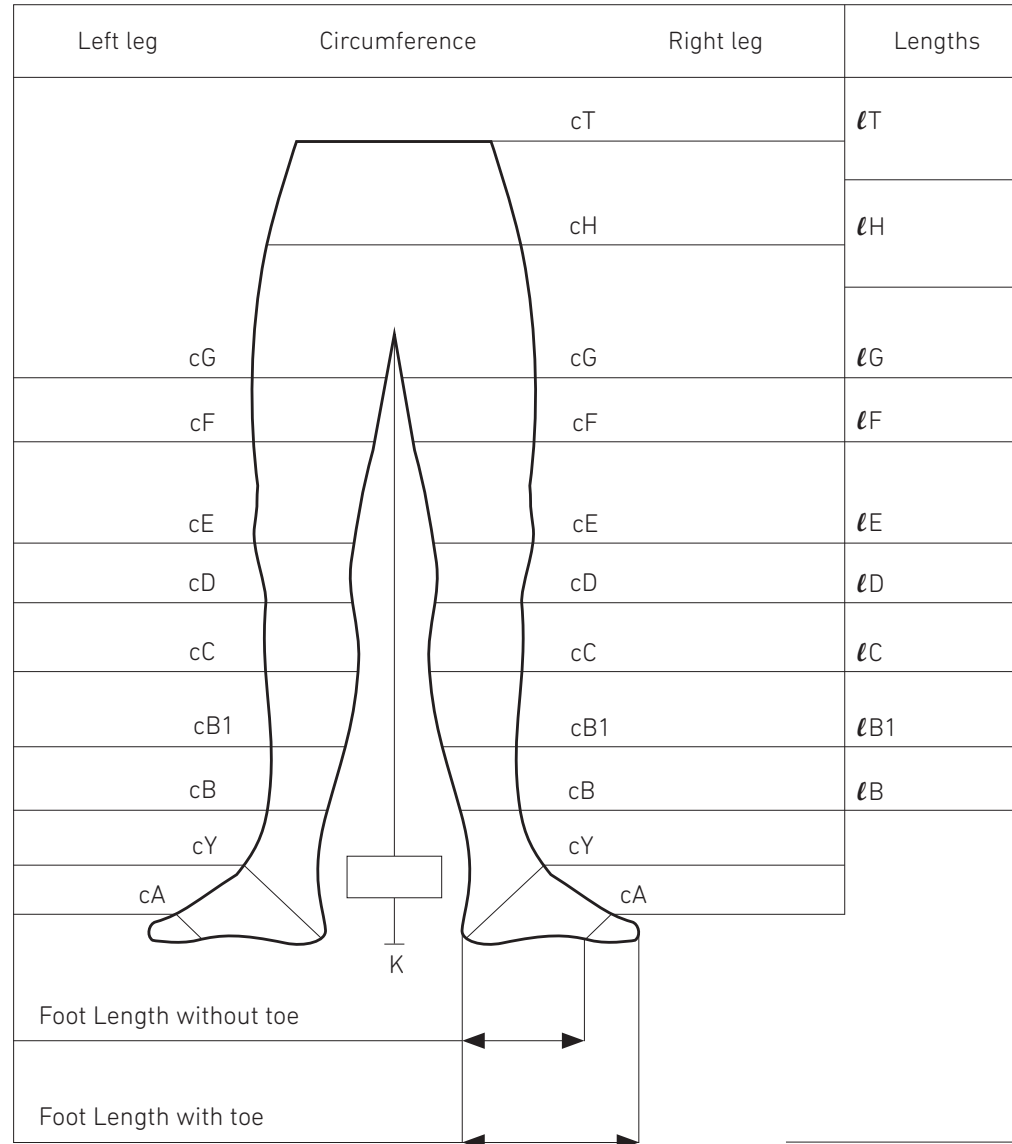
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VenoTrain®	micro	soft	soft S	look	business	impuls	pure
Ccl 1							
Ccl 2							
Ccl 3							
AD							
AF							
AG							
AGHB (right)							
AGHB (left)							
AT							
ATU							
ATH (without fly)							
ATX							
ATE							
Silicone top band	Silicone dots (3 cm, only AD)						
	Silicone dots						only AG
	Silicone dot pattern*						
	Silicone micro dots*						
	Lace sensitive*						

* only AG

Color: _____
(Mandatory information!)

Toe	open					
open						
closed						



Customer number:

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Order No.:

Patient name:

Previous order no.:

Units Pair

Pantyhose top height (cG – cT) in cm:

Front: _____ Back: _____

All sizes in cm. The purchaser is responsible for ensuring that all size information is correct. Custom-made solutions cannot be returned in exchange for a credit note or another item.

Comments:

Please fill out completely and legibly.

Date

Stamp/Signature

VenoTrain® Order form

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Company (Stamp)

Delivery address (if different)

Contact person _____

Date _____

E info@bauerfeind.com
P +49 (0) 800 0 01 05 10
F +49 (0) 800 0 01 05 15

Customer No.

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Quality e.g. micro, soft, ...	Version e.g. AD, AG, ...	Silicone top band ¹		Design e.g. silicone dots, lace, ...	Ccl			Color	Toe		Foot length ²		Circumf.		Leg Length			Size & number ³						Patient name																																
		wide	normal		1	2	3		closed	open	short	long	Normal	Plus	short	long	Xlong ⁴	XS ⁵	S	M	L	XL																																		

Please refer to our Terms and Conditions of Sale and Delivery

¹ Please do not forget to specify the type of top band.

² applies only VenoTrain business and VenoTrain hero

³ Stockings are specified in pairs, pantyhose as single items

⁴ Only applies to VenoTrain hero

⁵ Only applies to VenoTrain soft S

your notes _____