

ORDER FORM FOR CUSTOM-MADE FLAT KNIT PRODUCTS

VenoTrain® curaflow

223

Clinic*



223



Initial care Spare set Follow-up product

Bauerfeind AG
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E info@bauerfeind.com

Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature / company stamp: _____

Arm

Compression Ccl1 Ccl2 Ccl3

Colors

Cream* Caramel* Black*

Anthracite Navy Espresso

Royal Wild Berry Rich Olive

Deep Petrol Flashy Papaya

Versions with hand, 1-part with hand, 2-part**

Quantity Number, left _____ Number, right _____

Style CG CF CE

Glove seamless (only AC1) with seam

Compression Ccl1 Ccl2 Ccl3

Colors

Cream* Caramel* Black*

Anthracite Navy Espresso

Royal Wild Berry Rich Olive

Deep Petrol Flashy Papaya

Versions without fingers open fingers closed fingers

Quantity Number, left _____ Number, right _____

Style AC1 AD AE AF AG

Edging/fastening:

Silicone top band, wide 4.7 cm Silicone top band, narrow 2.5 cm Silicone micro dots

Lining:

Length _____ cm

Width _____ cm

Specify position under "Special requests"

All sizes in mm.
The purchaser is responsible for ensuring that all size information is correct.
Custom-made products are non-returnable.
The marked additional features will be manufactured.

* The colors cream, caramel and black are available for hospital supply.
** Please complete one measurement sheet for each garment

Special requests: _____

Additional features:

Hand part, porous C1 _____ cm

Arm, porous C _____ cm

Silicone top band section 5x5 cm G

Straight edging G

without soft crook of the elbow

Elbow angle 150°

Elbow angle 135°

Zipper*

Lymph pad:

Length _____ cm Width _____ cm

Palm of hand

Back of hand

According to specifications

Supplied by customer

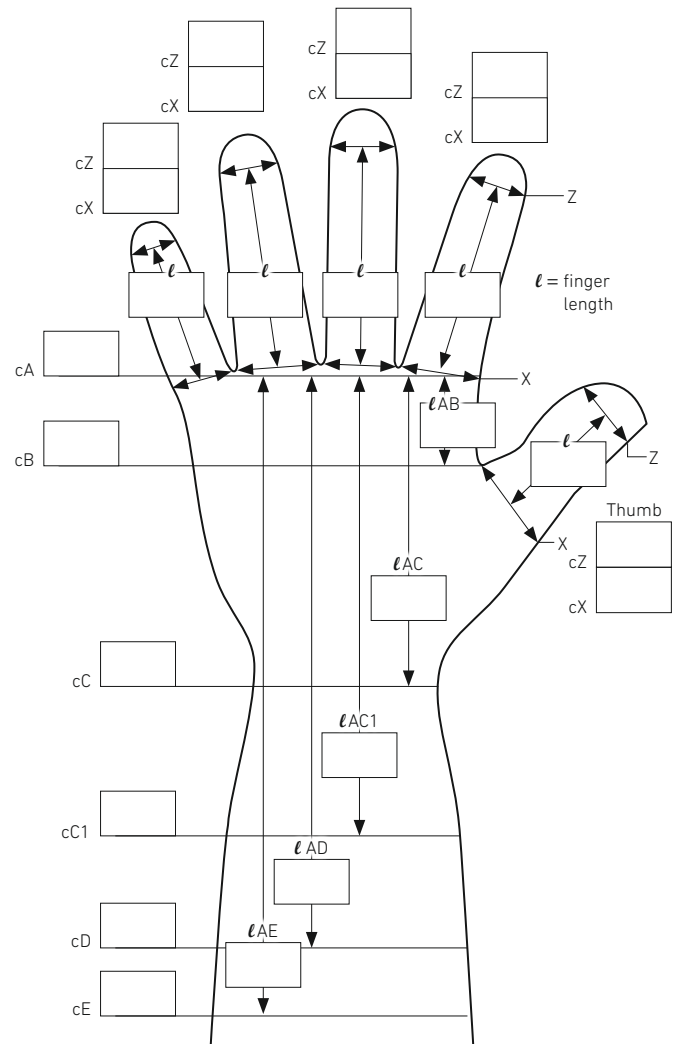
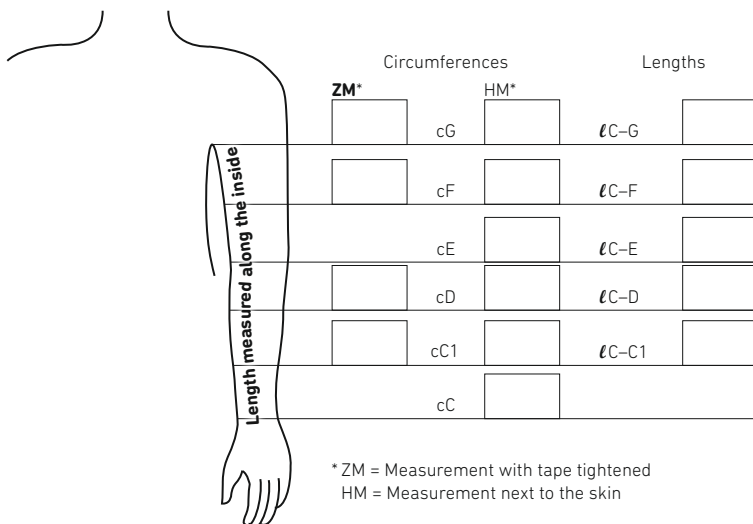
Specify position under "Special requests"

Pocket:

Palm of hand

Back of hand

The standard models have a slanted edging and a 160° elbow angle.



Advisor's signature: _____

Customer's signature: _____