

FLAT KNIT CUSTOM ORDERS

VenoTrain® curaflow

223

Hospital



223



Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature/Company stamp: _____

Arm

Colors Cream Caramel Black
 Anthracite Navy Bordeaux
 Royal Ocean Coral

Compression Ccl1 Ccl2 Ccl3

Versions with hand, 1 part with hand, 2 part

Quantity Left arm _____ Right arm _____

Variations CG CF CE

Glove seamless (only AC1) with seam

Colors Cream Caramel Black
 Anthracite Navy Bordeaux
 Royal Ocean Coral

Compression Ccl1 Ccl2 Ccl3

Versions without fingers open fingers closed fingers

Quantity Left hand _____ Right hand _____

Variations AC1 AD AF AG

Edging/fastening:

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

Lining*:

Length _____ cm
 Width _____ cm
 * Position given in special requests

All sizes in cm. The purchaser is responsible for ensuring that all size information is correct. Custom-made products are non-returnable. The colors cream, caramel and black are available for hospital supply. The marked additional features will be manufactured.

Special requests: _____

Additional features:

Hand part, porous C1 _____ cm
 Arm, porous C _____ cm
 Silicone top band section 5 x 5 cm G1
 Straight edging G
 without soft inner elbow area
 Elbow angle 150°
 Elbow angle 135°
 Zip fastening*

Lymph pad:

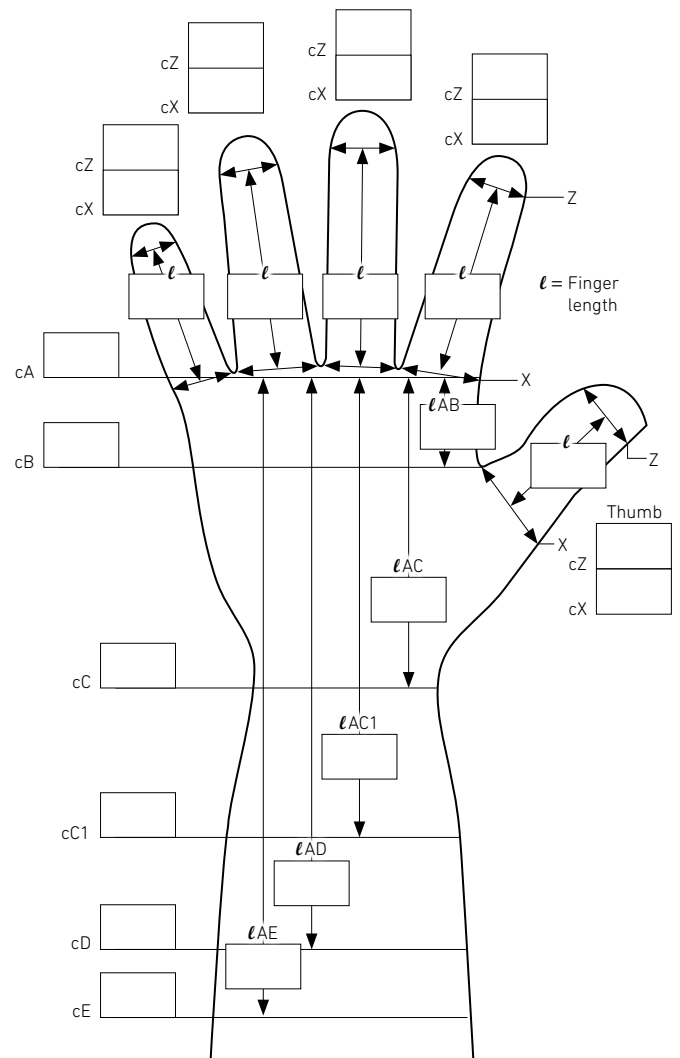
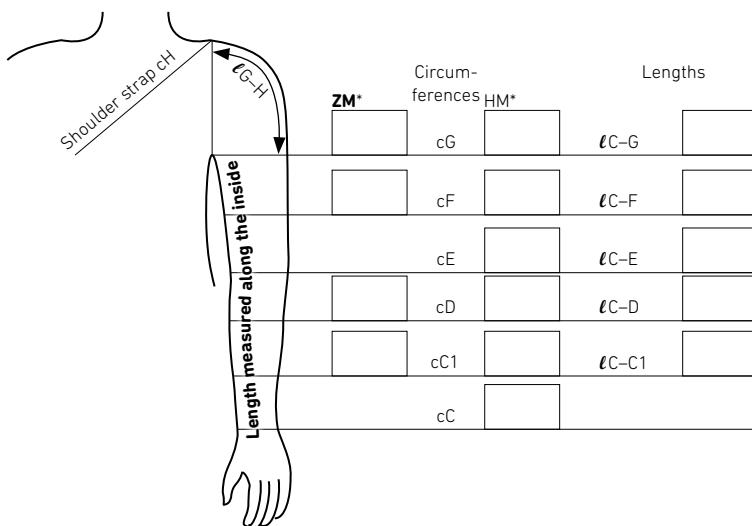
Length _____ cm Width _____ cm

Palm of hand
 Back of hand
 According to specifications
 Supplied by customer

Pocket:

Palm of hand
 Back of hand

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



* HM = Measurement next to the skin | ZM = Measurement with tape tightened