

ORDER FORM FOR CUSTOM-MADE FLAT KNIT PRODUCTS

VenoTrain® curaflow

221

Clinic



221



Initial care Spare set Follow-up product

Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature / company stamp: _____

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E info@bauerfeind.com

Leg

Compression

Ccl1	Ccl2	Ccl3	Ccl4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Left leg Right leg Pantyhose top

Colors

<input type="checkbox"/> Cream*	<input type="checkbox"/> Caramel*	<input type="checkbox"/> Black*
<input type="checkbox"/> Anthracite	<input type="checkbox"/> Navy	<input type="checkbox"/> Espresso
<input type="checkbox"/> Royal	<input type="checkbox"/> Wild Berry	<input type="checkbox"/> Rich Olive
<input type="checkbox"/> Deep Petrol	<input type="checkbox"/> Flashy Papaya	

Quantity Pairs _____ Individual units _____

multi-part product**

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

Stockings:

AD
AG
Leg piece _____

Edging:

Silicone dotted band
wide (4.7 cm)
narrow (2.5 cm)
Striped silicone top band
Silicone micro dots
Garter belt
Laterally slanted edging
Leg elevation at the front
Porous bottom

Pantyhose:

Pantyhose AT
Maternity pantyhose ATU
Single-leg pantyhose ATE
Leggings BT
Leggings B1T
3/4 length CT
Above-knee pantyhose ET
Cycling shorts FT

Waist edging:

Silicone dotted band
Silicone micro dots
Waist band
Loop/pull-through elastic

Additional features:

without knee zone / knee ellipse
Zipper*
Lining**
Silicone top band section
wide (4.7 cm)
narrow (2.5 cm)

Women's gusset:

Standard w. transverse opening
 Compressive

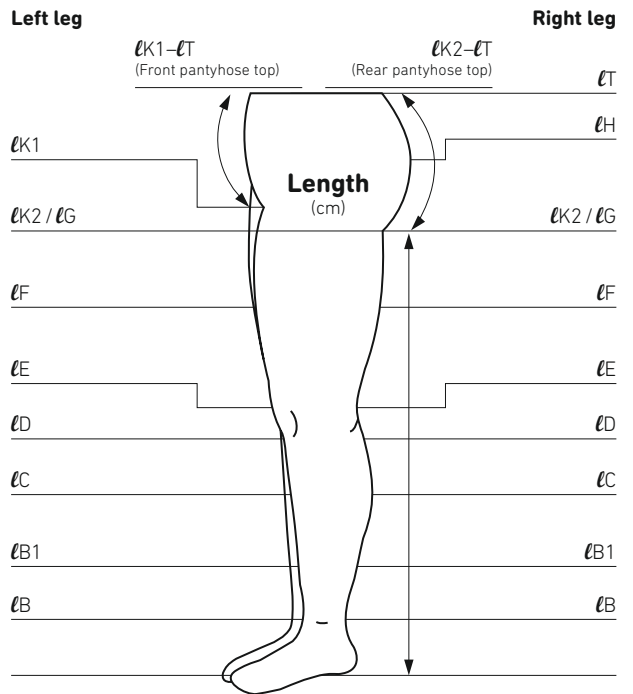
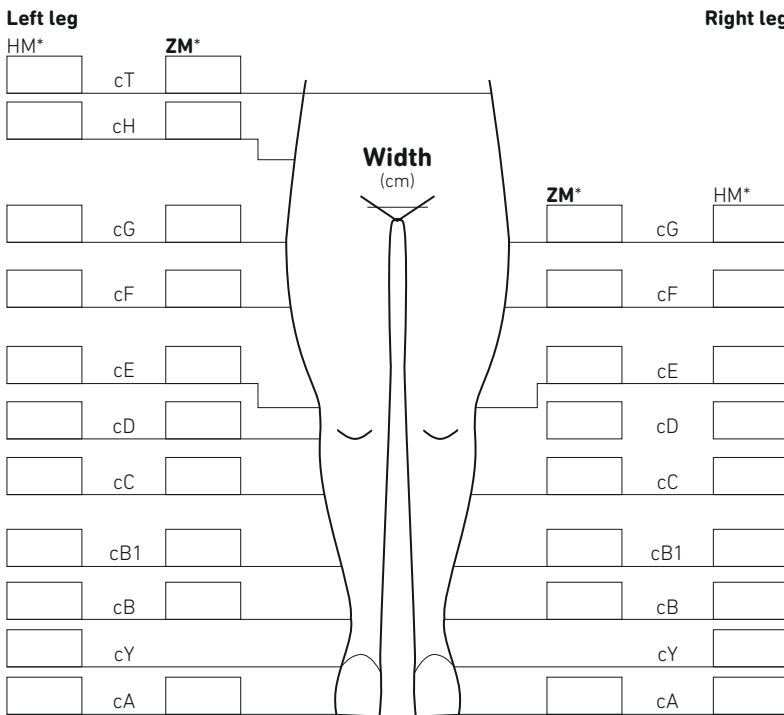
Men's gusset:

Standard with fly
 Compressive

* Specify length and position under "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 marked additional features will be manufactured.

Special requests: _____



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

Pressure pad:

left <input type="checkbox"/>	right <input type="checkbox"/>	medial <input type="checkbox"/>	lateral <input type="checkbox"/>
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Lymph pad*

ribbed <input type="checkbox"/>	nubbed <input type="checkbox"/>	pocket only <input type="checkbox"/>	provisional seam <input type="checkbox"/>
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*Specify position under "Special requests"

Hallux left right

Anatomical foot

left	right
cA1 _____cm	cA1 _____cm
lA1* _____cm	lA1* _____cm

* is the length from the heel to measuring point cA1

Left foot	Foot	Right foot
lA outside _____	Length _____ (cm)	outside lA
lAi inside _____		inside lAi
lZ whole foot _____		whole foot lZ
Straight foot		Slanted foot
open <input type="checkbox"/>		open <input type="checkbox"/>
closed <input type="checkbox"/>		closed <input type="checkbox"/>
90° heel <input type="checkbox"/>		Instep widening <input type="checkbox"/>



Advisor's signature: _____

Customer's signature: _____