

FLAT KNIT CUSTOM ORDERS

VenoTrain® curaflow

221

Hospital



221



Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____

Patient name: _____

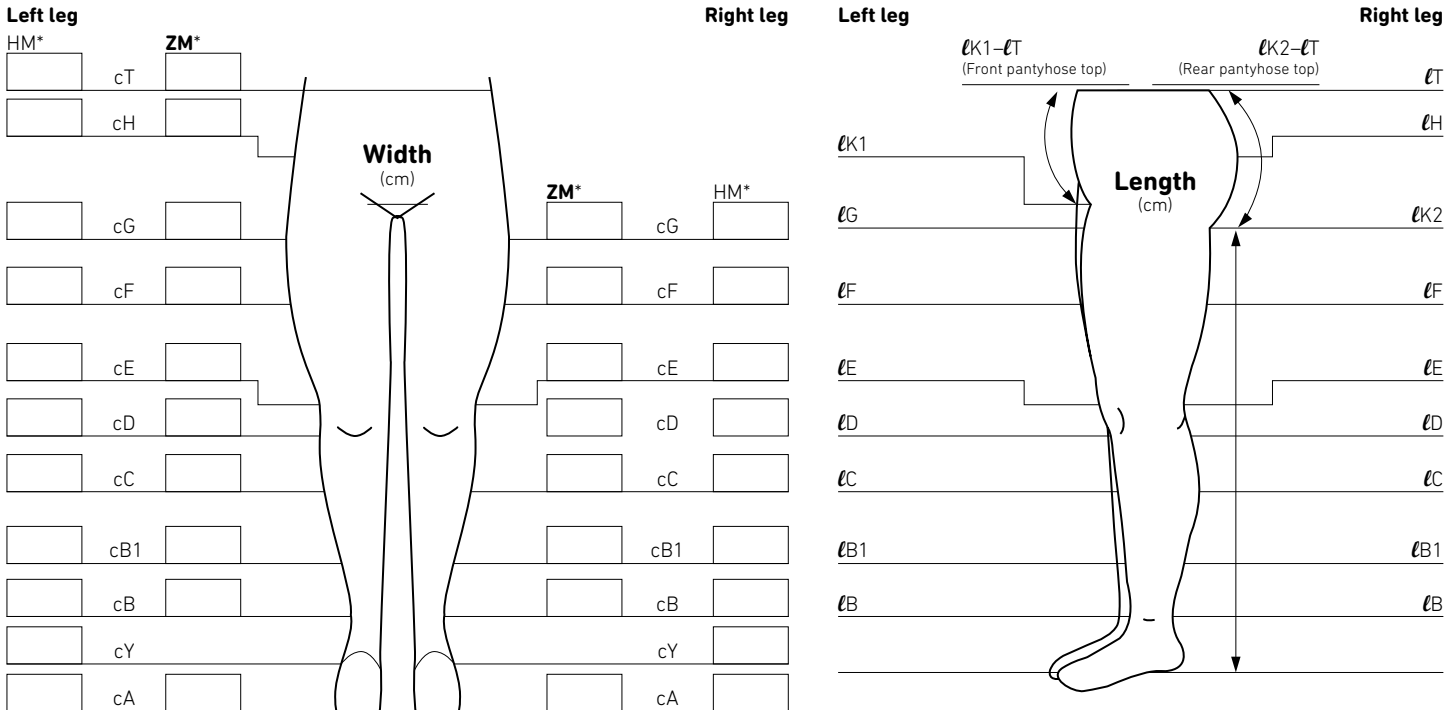
Quotation Order

Signature/Company stamp: _____

<p>Leg</p> <p>Colors</p> <p><input type="checkbox"/> Cream* <input type="checkbox"/> Caramel* <input type="checkbox"/> Black*</p> <p><input type="checkbox"/> Anthracite <input type="checkbox"/> Navy <input type="checkbox"/> Bordeaux</p> <p><input type="checkbox"/> Royal <input type="checkbox"/> Ocean <input type="checkbox"/> Coral</p> <p>Compression</p> <p>Ccl1 Ccl2 Ccl3 Ccl4</p> <p>Left leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Right leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Panty area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Quantity Pair _____ One piece _____</p> <p>Two-part <input type="checkbox"/></p> <p><small>* The colors cream, caramel and black are available for hospital supply.</small></p>	<p>Stockings:</p> <p>AD <input type="checkbox"/></p> <p>AG <input type="checkbox"/></p> <p>Leg piece _____</p> <p>Edging:</p> <p>Silicone dotted band</p> <p>Wide (4.7 cm) <input type="checkbox"/></p> <p>Narrow (2.5 cm) <input type="checkbox"/></p> <p>Striped silicone top band <input type="checkbox"/></p> <p>Garter belt <input type="checkbox"/></p> <p>Laterally slanted edging <input type="checkbox"/></p> <p>Leg elevation at the front <input type="checkbox"/></p>	<p>Pantyhose:</p> <p>Pantyhose AT <input type="checkbox"/></p> <p>Maternity pantyhose ATU <input type="checkbox"/></p> <p>Single-leg pantyhose ATE <input type="checkbox"/></p> <p>Leggings BT <input type="checkbox"/></p> <p>Leggings B1T <input type="checkbox"/></p> <p>¾ length CT <input type="checkbox"/></p> <p>Above-knee pantyhose ET <input type="checkbox"/></p> <p>Cycling shorts FT <input type="checkbox"/></p> <p>Waist edging:</p> <p>Silicone dotted band <input type="checkbox"/></p> <p>Waist band <input type="checkbox"/></p> <p>Loop/pull-through elastic <input type="checkbox"/></p>	<p>Additional features:</p> <p>Without knee zone/knee ellipse <input type="checkbox"/></p> <p>Zip fastening* <input type="checkbox"/></p> <p>Lining* <input type="checkbox"/></p> <p>Top band, inside* <input type="checkbox"/></p> <p>Wide (4.7 cm)</p> <p>Narrow (2.5 cm)</p> <p>Women's gusset:</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> With laundry protection</p> <p><input type="checkbox"/> Compressive <input type="checkbox"/> Open</p> <p>Men's gusset:</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> With fly</p> <p><input type="checkbox"/> Compressive</p> <p><small>* Length and position given in special requests</small></p>
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All sizes in cm. The purchaser is responsible for ensuring that all size information is correct. Custom-made products are non-returnable.

Special requests: _____



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

<p>Pressure pad:</p> <p>Left <input type="checkbox"/></p> <p>Right <input type="checkbox"/></p> <p>Medial <input type="checkbox"/></p> <p>Lateral <input type="checkbox"/></p> <p>Hallux:</p> <p>Left <input type="checkbox"/></p> <p>Right <input type="checkbox"/></p>	<p>Dimensions for pressure pad</p> <p>Left:</p> <p>P1 _____ cm P2 _____ cm</p> <p>Right:</p> <p>P1 _____ cm P2 _____ cm</p>
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<p>Left foot</p> <p>lA outside _____</p> <p>lAi inside _____</p> <p>lZ whole foot _____</p> <p>Straight foot</p> <p>Open <input type="checkbox"/></p> <p>Closed <input type="checkbox"/></p> <p>90° heel <input type="checkbox"/></p>	<p>Foot</p> <p>Length _____ (cm)</p> <p>Stanted foot</p> <p>Open <input type="checkbox"/></p> <p>Closed <input type="checkbox"/></p> <p>Instep widening <input type="checkbox"/></p>	<p>Right foot</p> <p>lA outside _____</p> <p>lAi inside _____</p> <p>lZ whole foot _____</p>
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