

# ORDER FORM FOR CUSTOM-MADE FLAT KNIT PRODUCTS

VenoTrain® curaflow strong

225

Clinic



225



Initial care  Spare set  Follow-up product

Customer name: \_\_\_\_\_ Customer no.: \_\_\_\_\_

Contact: \_\_\_\_\_

Order date: \_\_\_\_\_ Previous order no.: \_\_\_\_\_

Patient name: \_\_\_\_\_

Quotation  Order

**Bauerfeind AG**  
Tel. +49 (0)8 00 001 05 60  
Fax +49 (0)8 00 001 05 65  
E info@bauerfeind.com

Signature / company stamp: \_\_\_\_\_

<b>VenoTrain® curaflow strong</b>	<b>Compression</b>	Ccl2 <input type="checkbox"/>	Ccl3 <input type="checkbox"/>	<b>Stocking</b>	AD <input type="checkbox"/>	BG <input type="checkbox"/>	<b>Additional features</b>
	Left leg	<input type="checkbox"/>	<input type="checkbox"/>	AG <input type="checkbox"/>	B1G <input type="checkbox"/>	without knee zone / knee ellipse <input type="checkbox"/>	
	Right leg	<input type="checkbox"/>	<input type="checkbox"/>		CG <input type="checkbox"/>	Zipper* <input type="checkbox"/>	
	<b>Colors</b>	<input type="checkbox"/> Cream*	<input type="checkbox"/> Caramel*	<input type="checkbox"/> Black*	<b>Edging</b>	Lining** <input type="checkbox"/>	
	<input type="checkbox"/> Anthracite	<input type="checkbox"/> Navy	<input type="checkbox"/> Espresso	Silicone dotted band		wide (4.7 cm) <input type="checkbox"/>	
	<input type="checkbox"/> Royal	<input type="checkbox"/> Wild Berry	<input type="checkbox"/> Deep Petrol	wide (4.7 cm) <input type="checkbox"/>		narrow (2.5 cm) <input type="checkbox"/>	
	<input type="checkbox"/> Rich Olive	<input type="checkbox"/> Flashy Papaya		narrow (2.5 cm) <input type="checkbox"/>			
	<b>Quantity</b>	Pairs _____	Individual units _____	Silicone micro dots <input type="checkbox"/>			
	* The colors cream, caramel and black are available for hospital supply.			Striped silicone top band <input type="checkbox"/>			
				Laterally slanted edging <input type="checkbox"/>			
				Leg elevation at the front <input type="checkbox"/>			
				Porous bottom <input type="checkbox"/>			

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: \_\_\_\_\_

Left leg		Right leg		Left leg		Right leg	
HM*	ZM*	HM*		lK2 / lG		lK2 / lG	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lF		lF	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lE		lE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lD		lD	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lC		lC	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lB1		lB1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lB		lB	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

<b>Pressure pad:</b>	<b>Lymph pad*</b>	<b>Hallux</b>	left <input type="checkbox"/>	right <input type="checkbox"/>	<b>Left foot</b>	<b>Foot</b>	<b>Right foot</b>
left <input type="checkbox"/>	ribbed <input type="checkbox"/>	<b>Anatomical foot</b>	left	right	lA outside _____	Length _____ (cm)	outside lA
right <input type="checkbox"/>	ribbed <input type="checkbox"/>	left			lAi inside _____		inside lAi
medial <input type="checkbox"/>	pocket only <input type="checkbox"/>	cA1 _____ cm			lZ whole foot _____		whole foot lZ
lateral <input type="checkbox"/>	<input type="checkbox"/> provisional seam	lA1* _____ cm			<b>Straight foot</b>		<b>Slanted foot</b>
	*Specify position under "Special requests"	lA1* _____ cm			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: \_\_\_\_\_

\* is the length from the heel to measuring point cA1