

# ORDER FORM FOR CUSTOM-MADE FLAT KNIT PRODUCTS

VenoTrain® curaflow

224



224



Initial care     Spare set     Follow-up product

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

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

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

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

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

Quotation     Order

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

**Thorax**

**Colors**     Cream     Caramel     Black  
 Anthracite     Navy     Espresso  
 Royal     Wild Berry     Rich Olive  
 Deep Petrol     Flashy Papaya

**Basic shapes:**

Body      
T-shirt      
Bustier   

**Additional features:**

Left epithesis pocket\*      
Right epithesis pocket\*      
Lymph pad\*\*      
Lining   

\* Please draw an outline of the epithesis on a blank piece of paper, including the dimensions  
\*\* Specify position under "Special requests"

**Additional features:**

without arm sleeve      
Arm sleeve with compression      
Arm sleeve without compression      
Central zipper at the front      
Hook below the zipper      
Central hook fastening at the front      
Silicone dotted band 5 cm (for T-shirt)   

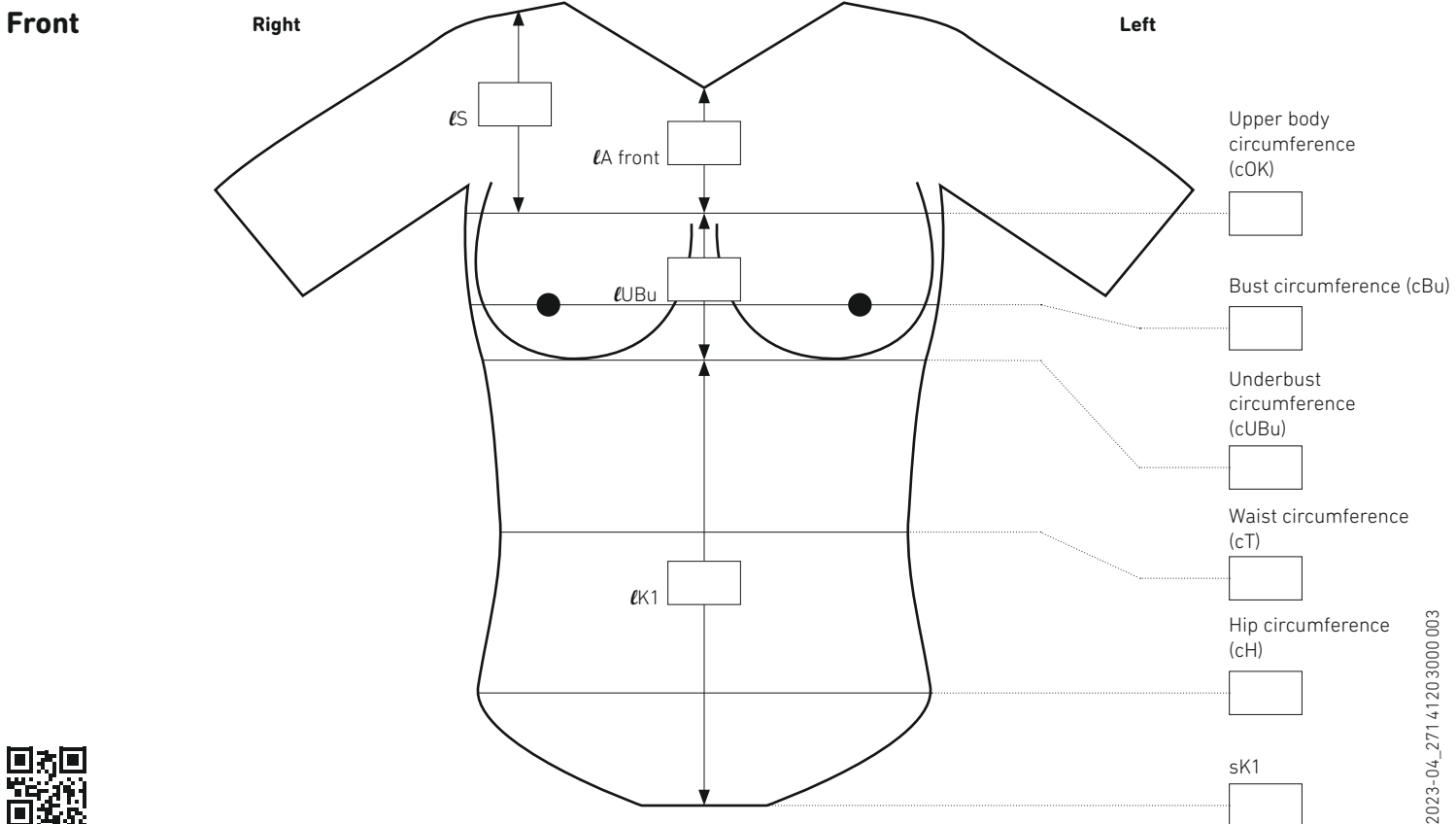
The marked additional features will be manufactured. All sizes in cm. The purchaser is responsible for ensuring that all size information is correct. Custom-made products are non-returnable.

**Take bust measurements over a well-fitting bra**

Special requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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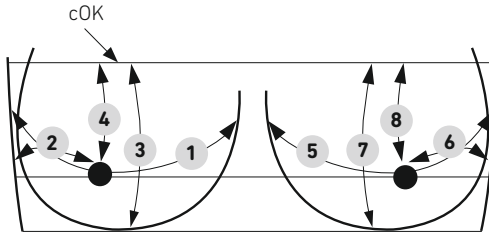
Patient name: \_\_\_\_\_

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## Bust

**Right**

- 1 sBust
- 2 sNipple
- 3 ℓBust
- 4 ℓNipple



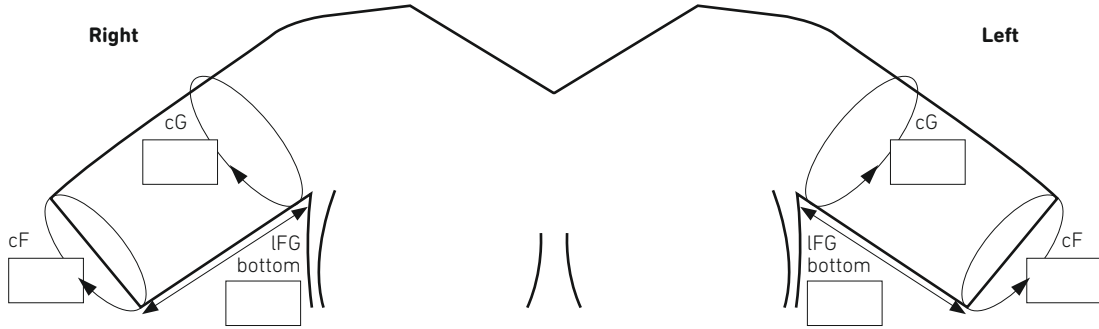
**Left**

- 5 sBust
- 6 sNipple
- 7 ℓBust
- 8 ℓNipple

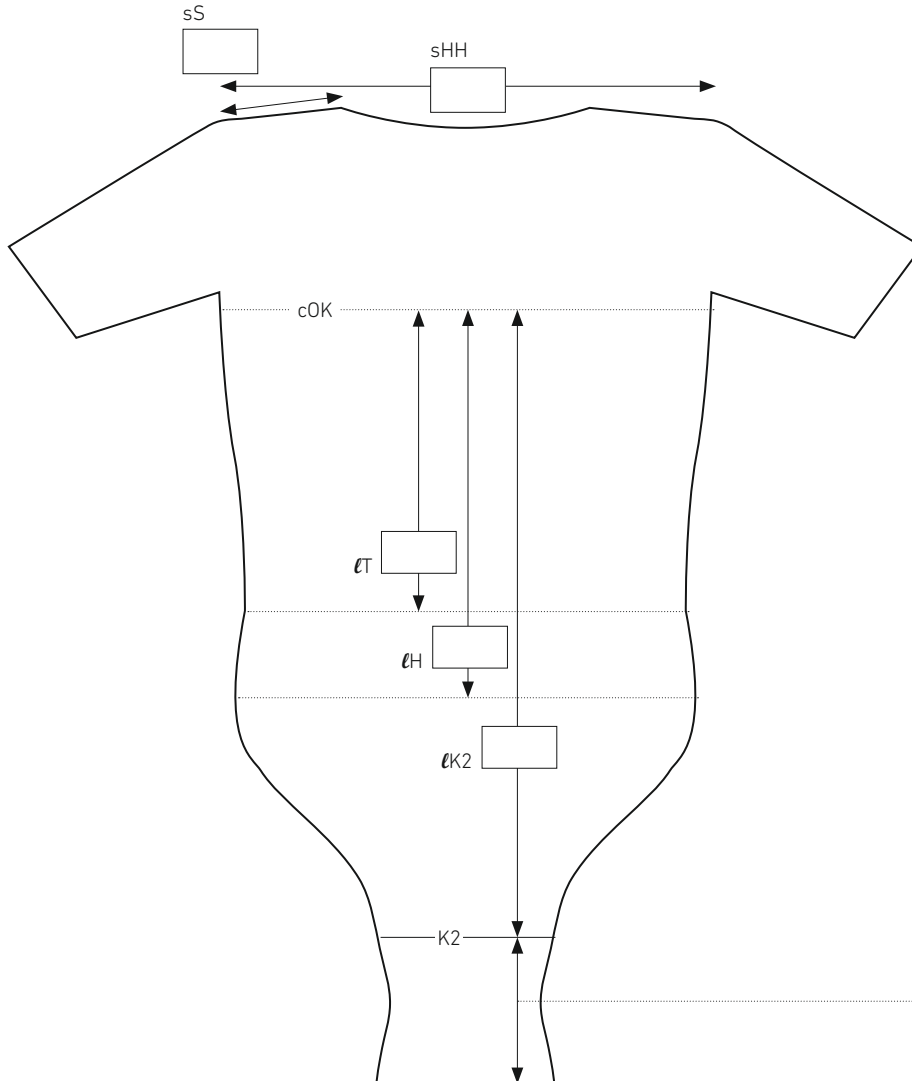
## Arms

**Right**

**Left**



## Back



Advisor's signature: \_\_\_\_\_

Customer's signature: \_\_\_\_\_