

ORDER FORM FOR CUSTOM-MADE FLAT KNIT PRODUCTS

VenoTrain® curaflow

222

Clinic



222



Initial care Spare set Follow-up product

Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature / company stamp: _____

Bauerfeind AG
T 0800-0010560
F 0800-0010565
E info@bauerfeind.com

Toe cap

Compression Ccl1 Ccl2 Ccl3

Left leg

Right leg

Colors Cream* Caramel* Black*

Anthracite Navy Espresso

Royal Wild Berry Rich Olive

Deep Petrol Flashy Papaya

Quantity Number, left _____

 Number, right _____

Toe cap, seamless

Toe cap with seam:

Standard

Toe loops

Combined with stocking:

Toe loops attached to stocking

Toe cap attached to stocking (only for toe caps with seams)

Toes:

open toes

closed toes

without little toe

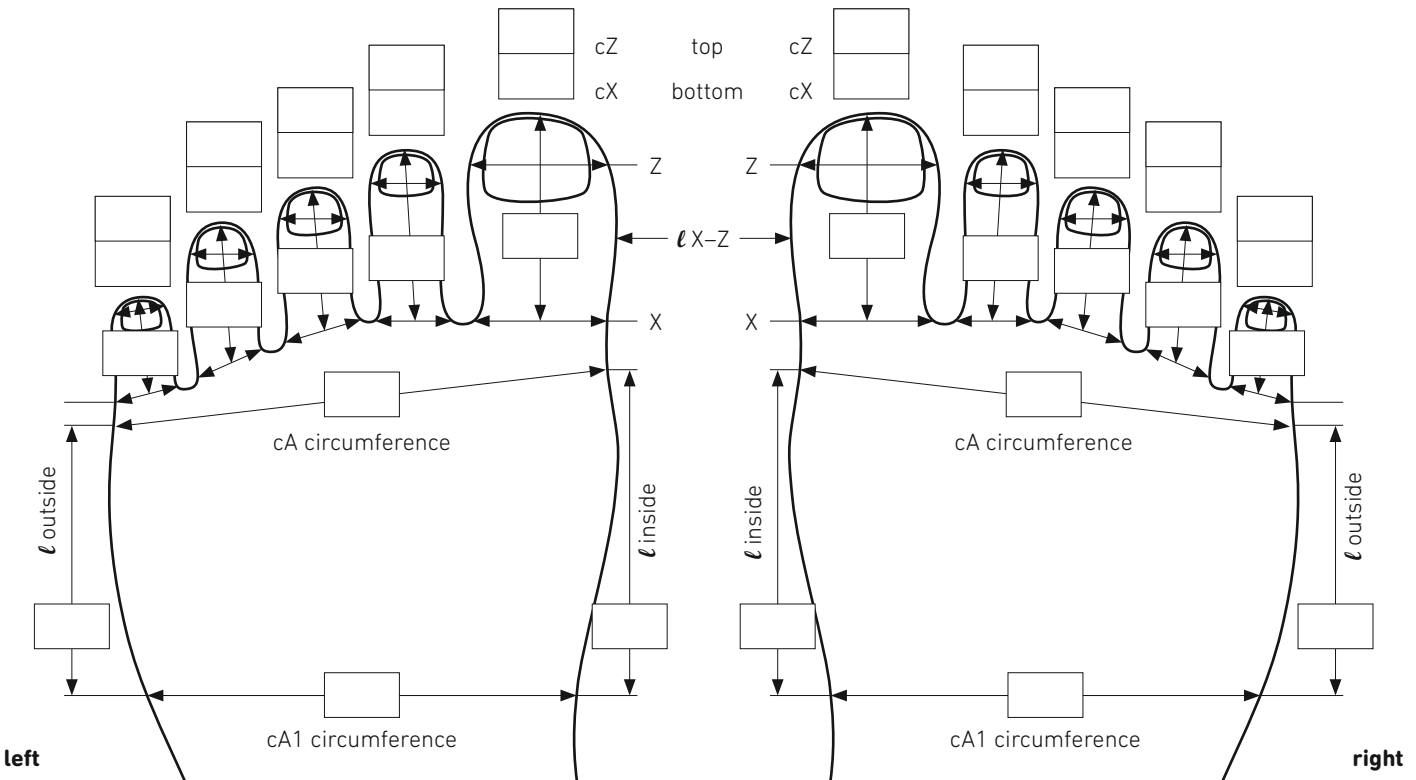
Edging:

Porous

Compressive

All sizes in mm.
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: _____



Advisor's signature: _____

Customer's signature: _____