

FLAT KNIT CUSTOM ORDERS

VenoTrain® curaflow

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Hospital

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Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature/Company stamp: _____

Arm

Colors Cream Caramel Black
 Anthracite Navy Bordeaux

Compression Ccl1 Ccl2 Ccl3

Versions with hand, 1 part with hand, 2 part

Quantity Left arm _____ Right arm _____

Glove

Colors Cream Caramel Black
 Anthracite Navy Bordeaux

Compression Ccl1 Ccl2 Ccl3

Versions without fingers open fingers closed Fingers

Quantity Left arm _____ Right arm _____

All sizes in cm. The purchaser is responsible for ensuring that all size information is correct. Custom-made products are non-returnable.

Edging/fastening:

Silicone top band, narrow, 2.5 cm
 Silicone top band, wide, 4.7 cm

Lining*:

Length _____ cm
 Width _____ cm

* Length and position given in special requests

Special requests: _____

Additional features:

Hand part, porous C1 _____ cm
 Arm, porous C _____ cm
 Silicone top band section 5 x 5 cm G1
 Slanted edging G1 _____ cm
 Elbow angle 150°
 Elbow angle 135°
 Zip fastening*

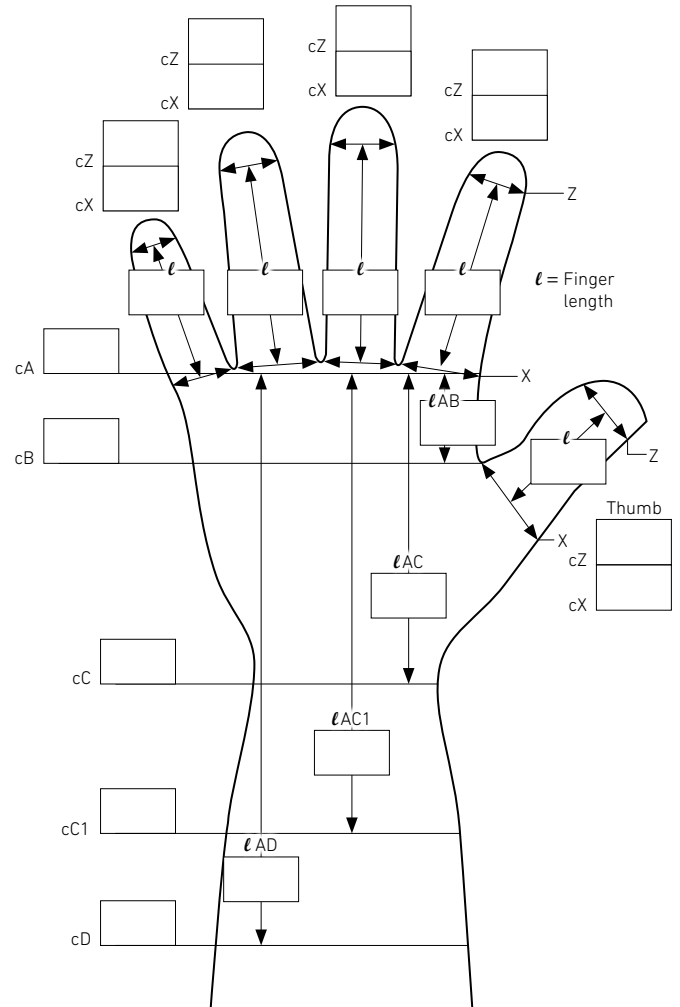
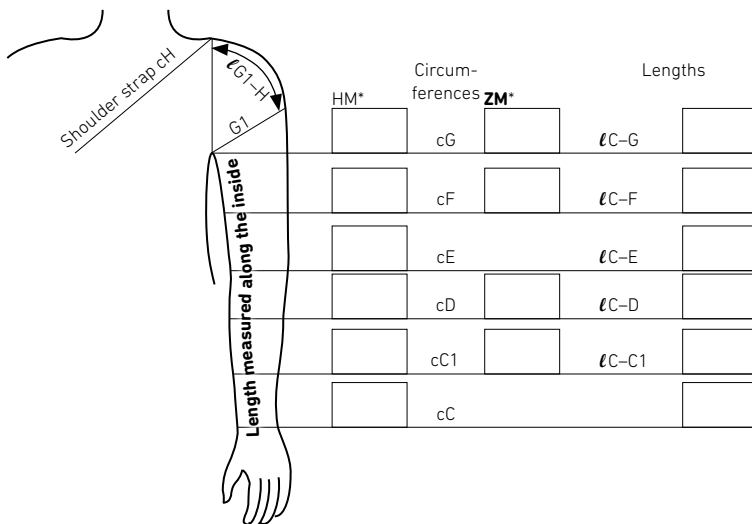
Lymph pad:

Length _____ cm Width _____ cm

Palm of hand
 Back of hand
 According to specifications
 Supplied by customer

Pocket:

Palm of hand
 Back of hand



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