

FLAT KNIT CUSTOM ORDERS

VenoTrain® curaflow

221

Hospital

221



Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature/Company stamp: _____

Leg

Colors Cream Caramel Black
 Anthracite Navy Bordeaux

Compression Ccl1 Ccl2 Ccl3 Ccl4
 Left leg
 Right leg
 Panty area

Quantity Pair _____ One piece _____

* Anthracite, navy, and bordeaux colors not available for hospital supply.

Stockings: AD AG
 Leg piece _____

Edging:
 Silicone dotted band
 Wide (4.7 cm)
 Narrow (2.5 cm)
 Garter belt
 Striped silicone top band
 Laterally slanted edging
 Leg elevation at the front

Pantyhose: Pantyhose AT Maternity pantyhose ATU Single-leg pantyhose ATE Leggings BT Legging B1T 3/4 length CT Above-knee pantyhose ET Cycling shorts FT Two-part

Waist edging: Silicone dotted band Waist band Edging with compression Loop/pull-through elastic

Additional features: Without knee zone/knee ellipse Zip fastening* Lining** Top band, inside* Wide (4.7 cm) Narrow (2.5 cm)

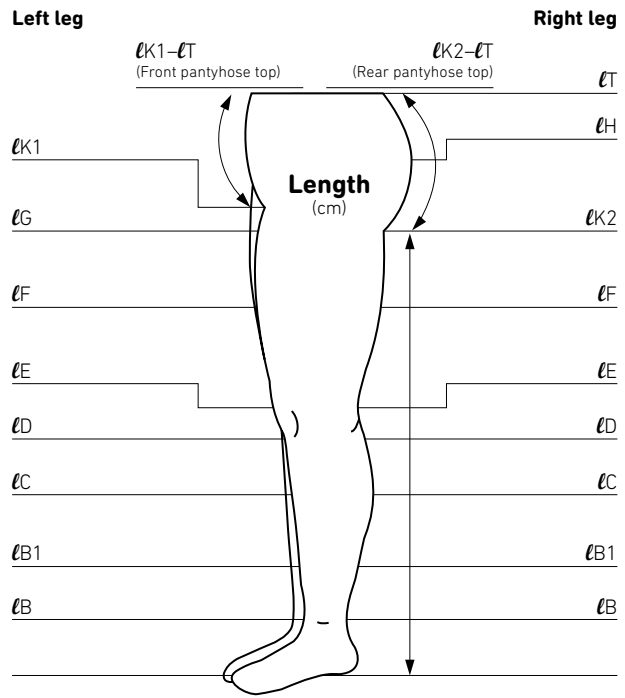
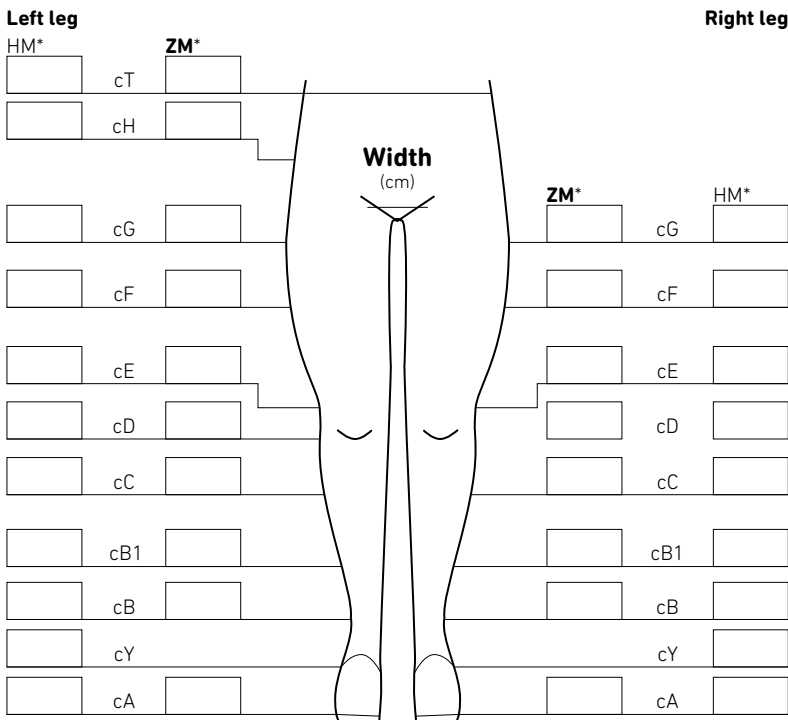
Women's gusset: Standard Open Compressive

Men's gusset: Standard With fly Compressive

* Length and position given in special requests

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

Pressure pad: Left Right Medial Lateral

Lymph pad Foam Silicone Pocket only

Dimensions for pressure pad
 Left: P1 _____ cm P2 _____ cm
 Right: P1 _____ cm P2 _____ cm

Provisional seam

Hallux

Anatomical foot
 Left: cA1 _____ cm lA1* _____ cm
 Right: cA1 _____ cm lA1* _____ cm

* is the length from the heel to measuring point cA1

Left foot **Foot** **Right foot**
 lA outside _____ Length _____ outside lA (cm)
 lAi inside _____ inside lAi
 lZ whole foot _____ whole foot lZ

Straight foot Open Closed 90° heel

Slanted foot Open Closed Instep widening