

FLAT KNIT CUSTOM ORDER

VenoTrain® curaflow



222

Hospital

222

Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature/company stamp: _____

Toe cap

Colors Cream Caramel Black
 Anthracite Navy Bordeaux

Compression Ccl1 Ccl2 Ccl3

Left leg

Right leg

Quantity Left foot _____
 Right foot _____

Toe cap:

Standard

Toe loops

Seamless

Toes:

Open toes

Closed toes

Without little toe

Combined with stocking:

Toe loops attached to stocking

Toe cap attached to stocking

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.

Special requests: _____

