FLAT KNIT CUSTOM ORDERS

VenoTrain® curaflow 223

Hospital	
Hochital	
IUSDILALI	

BAUERFEIND®

223

Customer name:			Customer no.:				
Contact:							
Order date:		Previous or	rder no.:				
Patient name:							
Quotation		Order		 Sian	ature/Company	r stamp:	
Arm				Glove		seamless (only AC1)	with seam
Colors	Cream	Caramel	Black	Colors	Cream	Caramel	Black
	Anthracite	Navy	Bordeaux		Anthrac	ite Navy	Bordeaux
	Orange	☐ Royal			☐ Orange	☐ Royal	
Compression	☐ Ccl1	Ccl2	☐ Ccl3	Compression		☐ Ccl2	☐ Ccl3
Versions	with hand, 1 pa	ırt	with hand, 2 part	Versions	☐ without	fingers open fingers	L closed fingers
Quantity	Left arm	Right arm		Quantity	Left arm	Right arm	
Edging/faster	ning:			Lining*:		All sizes in cm. The purchase	r is responsible for tion is correct. Custom-made
Silicone top ba	Silicone top band, wide, 4.7 cm Silicone top band, narrow, 2.5 cm			Length	cm	products are non-returnable.	
				Width * Length and po		The colors cream, caramel ar hospital supply.	nd black are available for
				given in speci	-1	The marked additional feature	es will be manufactured.
Special re	quests:						
							¬
	cm cm cm cm cm ection 5 × 5 cm 61 cm g G cre elbow area cm s35° cm s1 cm	Lymph pad: Length c Palm of hand Back of hand According to sp Supplied by cus Pocket: Palm of hand Back of hand Circumferences cG cF cE cD cC1	stomer	cZ cX cA cA cB cC cC1 cD	cZ cX		Z Le Finger length X CZ CX Thumb
	W						
				cE		▼	_

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