Fax Order Form Made to measure stockings



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Name			(235101	1510	www.venosan.com
of patient:		☐ Mrs 〔	1 Mr	nder (stamp)	
Date of birth:				maor (otamp)	
Last order no.:					
Doctor:					
Customer no.:			— — Da	ate:	
			Style		
	Compression class				
Quality	1 11 111	AD ADH A	AF AFH	AG AGH AGG	AT ATU Men Materna
VENOSAN° 2000		Not available any	more, replaced	by VENOSAN® 7000	
VENOSAN° 4000					
VENOSAN° 5000					
VENOSAN° 7000					
Colour:					
Special requirements:			P	air	plain top w. silicone dots
				ieces left	lace top
			<u>P</u>	lieces right	open toe
					closed toe
Length Left leg (cm) Left leg Left		Circumferences (compacts) CH Length (compacts) GT front GT Measurements should be take the patient state and if possible the leg has been and swelling is minimum. All ments should made on the bean compacts of the compact of t	s en with inding, after en rested s at a measure-be are leg.		Circumferences Right leg (cm) Length Right leg (cm) LT LK LK CG LF Right leg LF Right leg LF LF LF LF LF LF LF LF LF L
cA cA		stockings may returned for cr	not be edit.		cA la

be held responsible for

incorrect measurements.

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