

- Estimate
- Order

Fax order to medi • Telefax +49 921 912 781

Customer name _____

Customer No. _____ Delivery address _____

Commission _____

Stamp _____

Delivery date (client) _____ Order date _____

Signature _____

mediven® compression garments arm / hand flat-knitted

<p>HAND SECTION</p> <p>Circumferences</p> <p>Skin size <input type="text"/> eA <input type="text"/></p> <p>Size stretched <input type="text"/></p> <p>eZ <input type="text"/> eX <input type="text"/></p> <p>eZ <input type="text"/> eX <input type="text"/></p> <p>eB <input type="text"/></p> <p>eC <input type="text"/></p> <p>eC¹ <input type="text"/></p> <p>eD <input type="text"/></p> <p>eE <input type="text"/></p> <p>Lengths</p> <p>eZ <input type="text"/> eX <input type="text"/></p> <p>eAB <input type="text"/></p> <p>eAC <input type="text"/></p> <p>eAC¹ <input type="text"/></p> <p>eAD <input type="text"/></p> <p>eAE <input type="text"/></p>	<p>ARMSLEEVE</p> <p>Circumferences</p> <p>Skin size <input type="text"/> eG <input type="text"/></p> <p>Size stretched <input type="text"/></p> <p>eG <input type="text"/> eF <input type="text"/> eE <input type="text"/> eD <input type="text"/> eC¹ <input type="text"/> eC <input type="text"/></p> <p>Lengths</p> <p>eGH <input type="text"/> H <input type="text"/></p> <p>eG <input type="text"/> eF <input type="text"/> eE <input type="text"/> eD <input type="text"/> eC¹ <input type="text"/></p>
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Model	Compression CCL 1 2 3	Colour	Quantity	Options
<input type="checkbox"/> mediven® esprit <input type="checkbox"/> mediven® 550 arm	Hand section <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Armsleeve <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Caramel <input type="checkbox"/> Sand <input type="checkbox"/> Black <input type="checkbox"/> Aqua <input type="checkbox"/> Brown <input type="checkbox"/> Navy <input type="checkbox"/> medi Magenta <input type="checkbox"/> Anthracite	pcs. _____	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Fingers open <input type="checkbox"/> Fingers closed

Variants	Standard border (proximal)	Variable Border	Other accessories
Handsection <input type="checkbox"/> AC1 <input type="checkbox"/> AD/AE	straight (porous - 2 cm) flat oblique	<input type="checkbox"/> flat oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<input type="checkbox"/> 5 x 5 cm topband piece in upper arm, oblique <input type="checkbox"/> _____ cm porous in hand section (proximal - standard 2 cm) <input type="checkbox"/> _____ porous in arm sleeve (distal - standard 2 cm)
Armsleeve <input type="checkbox"/> CD/CE/CF/CG <input type="checkbox"/> AF/AG (1-part)	flat oblique flat oblique	<input type="checkbox"/> steep oblique <input type="checkbox"/> straight <input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<input type="checkbox"/> Lymphpad <input type="checkbox"/> Padding <input type="checkbox"/> Pocket (Please specify / draw position exactly!)

Attachment	Circumference
<input type="checkbox"/> Silicone topband <input type="checkbox"/> narrow 2,5 cm <input type="checkbox"/> wide 5 cm <input type="checkbox"/> Silicone topband (5 cm) <input type="checkbox"/> Profile topband (5 cm) <input type="checkbox"/> Sensitive topband (5 cm)	_____ cm
<input type="checkbox"/> with shoulder strap K strap width: <input type="checkbox"/> 2,5 cm <input type="checkbox"/> 5 cm. <input type="checkbox"/> with bra attachment width of bra strap: _____ cm.	
<input type="checkbox"/> shoulder cap standard <input type="checkbox"/> shoulder cap anatomical _____ cm.	

Knitting marks elbow area
<input type="checkbox"/> 160° (Standard) <input type="checkbox"/> 150° <input type="checkbox"/> 135°

Design elements: Live Laugh Love Timeless Sportive

Special requests