

- Estimate
- Order

Customer name _____

Customer No. _____ Delivery address _____

Commission _____

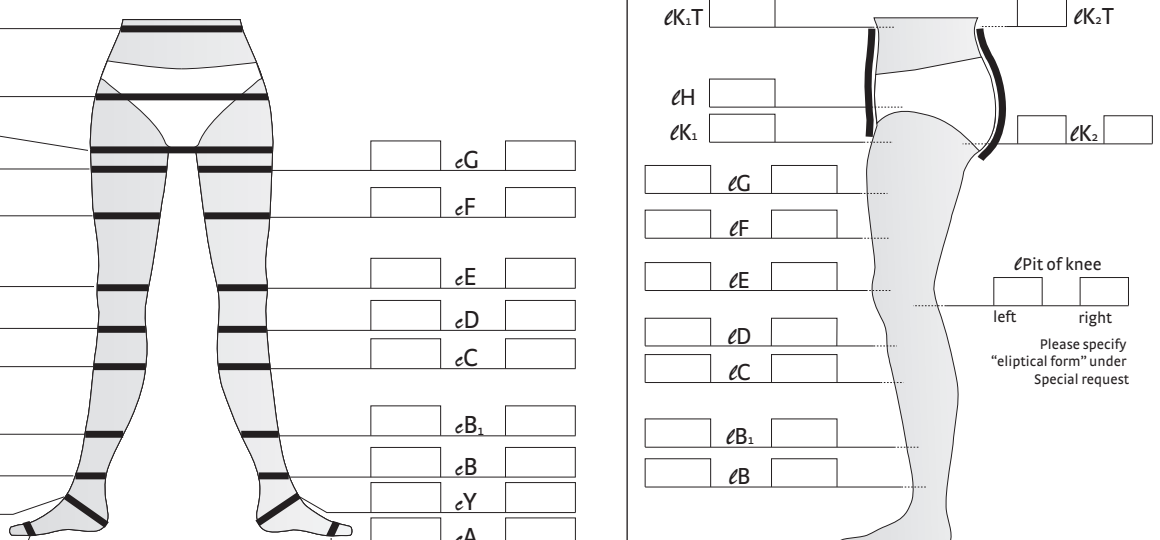
Delivery date (client) _____ Order date _____

Stamp _____

Signature _____

mediven® compression garments flat-knitted with seam

Circumferences left	Circumferences right	Lengths
normal Tight tape measure <input type="text"/> eT <input type="text"/>	Tight tape measure normal <input type="text"/> eT <input type="text"/>	left right eK ₁ T <input type="text"/> <input type="text"/> eK ₂ T
<input type="text"/> eH <input type="text"/>	<input type="text"/> eH <input type="text"/>	eH <input type="text"/>
<input type="text"/> eK <input type="text"/>	<input type="text"/> eK <input type="text"/>	eK ₁ <input type="text"/> <input type="text"/> eK ₂
<input type="text"/> eG <input type="text"/>	<input type="text"/> eG <input type="text"/>	<input type="text"/> eG <input type="text"/>
<input type="text"/> eF <input type="text"/>	<input type="text"/> eF <input type="text"/>	<input type="text"/> eF <input type="text"/>
<input type="text"/> eE <input type="text"/>	<input type="text"/> eE <input type="text"/>	<input type="text"/> eE <input type="text"/>
<input type="text"/> eD <input type="text"/>	<input type="text"/> eD <input type="text"/>	<input type="text"/> eD <input type="text"/>
<input type="text"/> eC <input type="text"/>	<input type="text"/> eC <input type="text"/>	<input type="text"/> eC <input type="text"/>
<input type="text"/> eB ₁ <input type="text"/>	<input type="text"/> eB ₁ <input type="text"/>	<input type="text"/> eB ₁ <input type="text"/>
<input type="text"/> eB <input type="text"/>	<input type="text"/> eB <input type="text"/>	<input type="text"/> eB <input type="text"/>
<input type="text"/> eY <input type="text"/>	<input type="text"/> eY <input type="text"/>	<input type="text"/> eY <input type="text"/>
<input type="text"/> eA <input type="text"/>	<input type="text"/> eA <input type="text"/>	<input type="text"/> eA <input type="text"/>



Model	Compression CCL 1 2 3 4	Colours/trend colours	Quantity	Foot
<input type="checkbox"/> mediven sensoo (CCL 2) <input type="checkbox"/> mediven mondi (CCL 1, 2, 3) <input type="checkbox"/> mediven 550 (CCL 1, 2, 3, 4)	Panty section <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Sand <input type="checkbox"/> Navy <input type="checkbox"/> Caramel <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Anthracite <input type="checkbox"/> medi Magenta <input type="checkbox"/> Aqua	<input type="checkbox"/> pair _____ <input type="checkbox"/> pcs. _____	<input type="checkbox"/> closed toe eZ _____ cm (total) <input type="checkbox"/> open toe eAi _____ cm (inner) <input type="checkbox"/> soft toe (only mediven 550) eA _____ cm (outer) <input type="checkbox"/> toe cap

Variants	Standard border	optional border	Accessories	Waist	Gusset
<input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) <input type="checkbox"/> pantyhose (AT) <input type="checkbox"/> men's leotard (ATH) <input type="checkbox"/> maternity panty (ATU) <small>(only mediven 550 and mediven mondi)</small> <input type="checkbox"/> one-legged panty (ATE) <input type="checkbox"/> BT / CT / ET / FT	slight oblique (proximal)	<input type="checkbox"/> steep oblique <input type="checkbox"/> straight	<input type="checkbox"/> Extension to sole of foot <input type="checkbox"/> Y knitting mark (90° heel) <input type="checkbox"/> elliptical form <input type="checkbox"/> orientation mark at „D“ (only for AG and AT) <input type="checkbox"/> extra leg length (eK1 needed) <input type="checkbox"/> _____ cm porous	<input type="checkbox"/> perforated topband <input type="checkbox"/> waistband <input type="checkbox"/> knitted border	<input type="checkbox"/> tricot <input type="checkbox"/> netting <input type="checkbox"/> compressive

Other accessories
<input type="checkbox"/> _____ cm topband section along oblique (Standard 15 cm) <input type="checkbox"/> _____ cm topband section above knee (Standard 8 cm) <input type="checkbox"/> _____ cm topband section at rear over seam (Standard 8 cm)
Silver <input type="checkbox"/> "Y" to C <input type="checkbox"/> "Y" to D <input type="checkbox"/> "Y" to G <small>(only mediven® mondi)</small> <input type="checkbox"/> left <input type="checkbox"/> right
<input type="checkbox"/> Lymphpad* <input type="checkbox"/> Padding* <input type="checkbox"/> Pocket* left <input type="checkbox"/> inside <input type="checkbox"/> outside right <input type="checkbox"/> inside <input type="checkbox"/> outside

Attachment
<input type="checkbox"/> profile topband (5 cm) Circumference:
<input type="checkbox"/> silicone napped topband <input type="checkbox"/> narrow 2.5 cm <input type="checkbox"/> wide 5 cm left _____ cm
<input type="checkbox"/> silicone topband with motif (5 cm) right _____ cm
<input type="checkbox"/> waist attachment <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> eT _____ cm

Design elements mediven® 550: Diamonds Stripes Pearls

Special requests
<div style="border: 1px solid black; min-height: 100%;"></div>

* Please specify/draw exact area.