

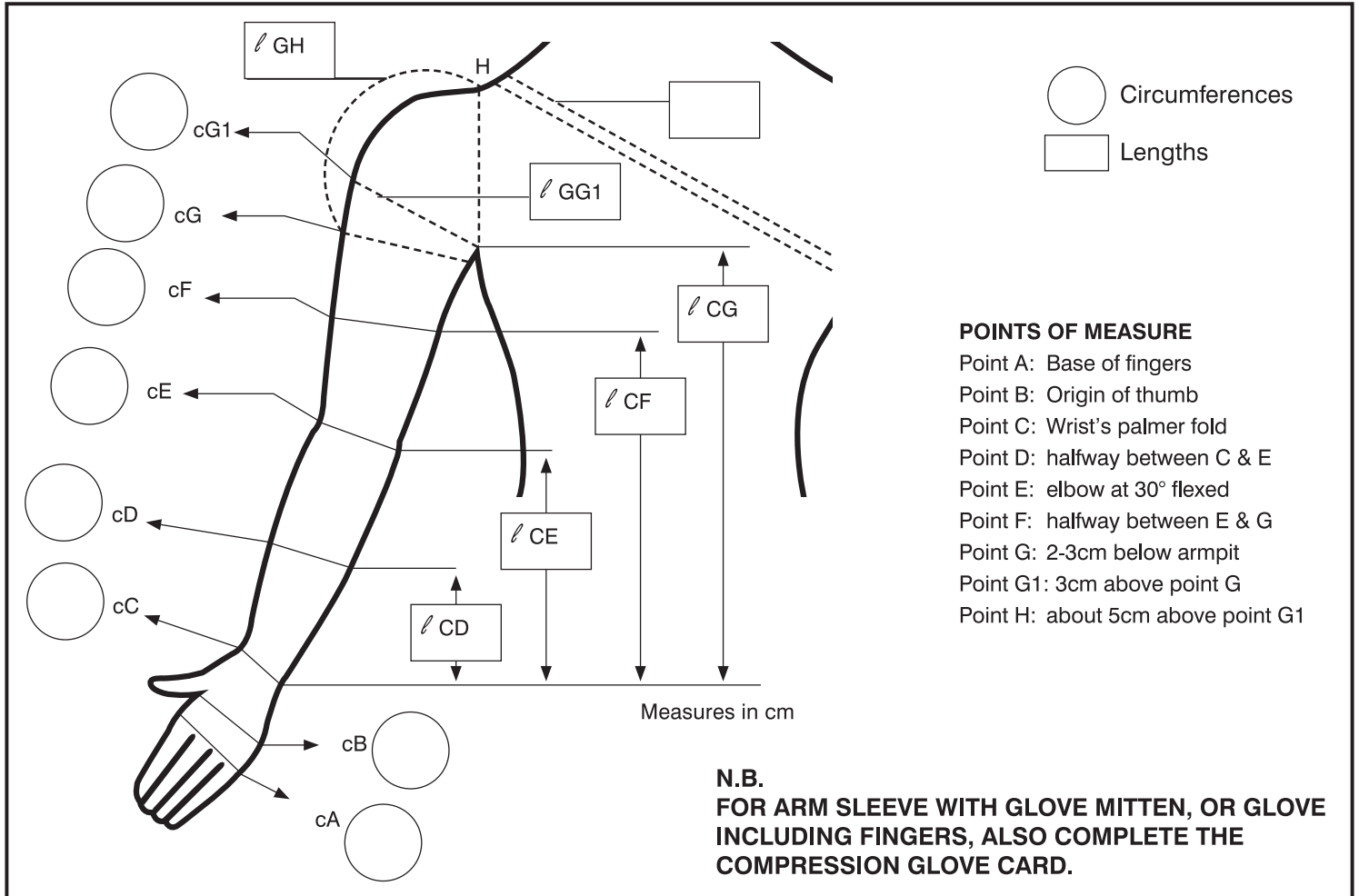
VARISAN® FLAT Made to Measure Compression Arm Sleeve

Order to MEDIS via fax: 021 982 8311 or email: orders@medismedical.com

Stamp

Date:..... Patient's Name:.....

Customer:..... Signature:.....



SEGMENTS	OPTIONS	COMPRESSION	QUANTITY	COLOUR
<input type="checkbox"/> Arm sleeve without glove <input type="checkbox"/> Arm sleeve with glove mitten (with thumb) <input type="checkbox"/> Arm sleeve with glove including fingers <input type="checkbox"/> CD, CE, CF	<input type="checkbox"/> Shoulder <input type="checkbox"/> Stay Up	Ccl 1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Units ____	<input type="checkbox"/> Beige

ARM	ELBOW	SUPERIOR EDGE	SILICONE BAND
<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Flex <input type="checkbox"/> Comfort <input type="checkbox"/> Straight	<input type="checkbox"/> Oblique <input type="checkbox"/> Straight	<input type="checkbox"/> 3,5 cm height <input type="checkbox"/> 5 cm height

SPECIAL REQUEST

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