

Order Form

Made to measure arm sleeves



Berner Oy
No. 320498

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phone number: 09 47744261

Mrs Mr

Sender (stamp)

Patient number: _____

Name: _____

Sales order: _____

Last order no.: _____

Doctor: _____

Date: _____

	Ccl. I	Ccl. II	Ccl. III	CG	CG-H	CH	ZG	ZG-H	ZH
VENOSAN® 4000									
VENOSAN® 5000									
VENOSAN® 7000									

Colour: VENOSAN® 4000/5000 in mexico - VENOSAN® 7000 in beige / black

mexico beige black

Quantity

pcs. left

pcs. right

Special requirements: _____

RIGHT ARM

LEFT ARM

length (cm)		circumference (cm)		length (cm)	
IH	<input type="text"/>				IH
IG	<input type="text"/>	<input type="text"/>	cG	cG	<input type="text"/>
IF	<input type="text"/>	<input type="text"/>	cF	cF	<input type="text"/>
IE	<input type="text"/>	<input type="text"/>	cE	cE	<input type="text"/>
ID	<input type="text"/>	<input type="text"/>	cD	cD	<input type="text"/>
C	<input type="text"/>	<input type="text"/>	cC	cC	<input type="text"/>
IA	<input type="text"/>	<input type="text"/>	cA	cA	<input type="text"/>
IZ	<input type="text"/>	<input type="text"/>	cZ	cZ	<input type="text"/>

Measure the arm when it is in relaxed position!
The manufacturer is not responsible for incorrect measurements.

Custom made arm sleeves cannot be exchanged!