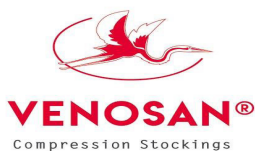


Order Form

Made to measure stockings



Berner Oy
No. 320498

tukisukka@berner.fi
phone number: 09 47744261

Patient number: Mrs Mr

Sender (stamp)

Name: _____

Sales order: _____

Last order no.: _____

Doctor.: _____

Date: _____

Quality	Compression class			Style										
	I	II	III	AD	ADH	AF	AFH	AG	AGH	AGG	AT	AT Men	ATU Materna	
VENOSAN® 3000 COTTON														
VENOSAN® 4000														
VENOSAN® 5000														
VENOSAN® 7000														

Colour: _____

Quantity

Version

Special requirements: _____

- Pair
- Pieces left
- Pieces right

- plain top w. silicone dots
- lace top
- open toe
- closed toe

