

Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Delivery date: _____

Patient name: _____

Quotation Order

Signature/Company stamp: _____

Toe caps

Effectiveness curaflow curaflow+

Colors Cream Caramel Black

Compression Ccl1 Ccl2 Ccl3

Left leg

Right leg

Quantity Left leg _____

Right leg _____

All sizes in cm. The purchaser is responsible for ensuring that all size information is correct. Custom-made products are non-returnable.

Edging:

Porous

Compressive

Toes:

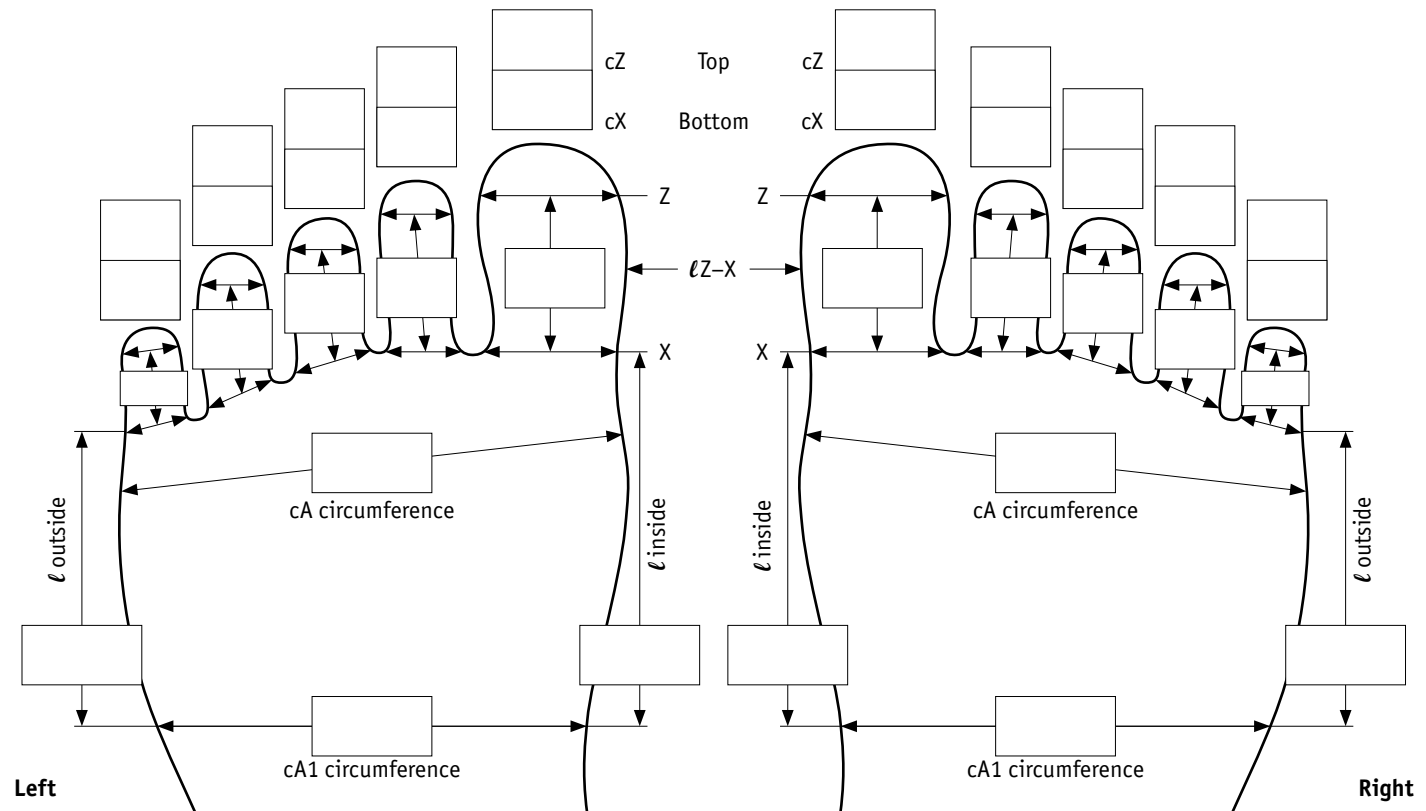
Open toes

Without little toe

Closed toe caps

Attached to stocking

Toe cap attached to stocking



Special requests: _____
