

ORDER FORM

VenoTrain® soft ARM SLEEVE

Company (stamp)

Delivery address (if different)

Company _____

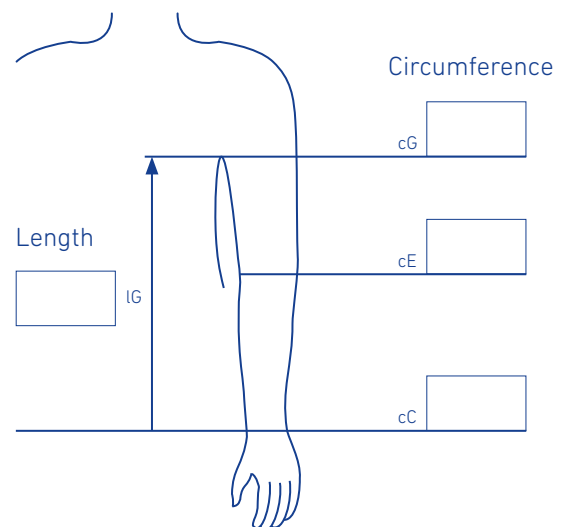
Street, building number _____

Zip code, city _____

Date, signature _____

Customer number

Design	CG	
	CG w. silicone top band	
Ccl	1	
	2	
Color	Natural	
	Caramel	
	Black	
Size	S	
	M	
	L	
	XL	
Length	short	
	long	



All sizes in cm.

Patient name: _____

Comments: _____

Size chart (cm)

Circumference	S	M	L	XL
cG	24.0 – 30.0	27.0 – 33.0	29.0 – 36.0	32.0 – 40.0
cE	22.0 – 26.0	24.0 – 29.0	27.0 – 32.0	30.0 – 35.0
cC	14.0 – 15.0	15.0 – 16.5	16.5 – 18.0	18.0 – 20.0

Length	short	long
IG	39.0 – 44.0	44.1 – 50.0

Indications:

- Mild to moderate arm lymphedema
- Primary lymphedema caused by deformation of lymph vessels or lymph nodes
- Secondary lymphedema caused by surgery and /or radiotherapy (e.g. breast cancer)
- Mild to moderate arm lipedema in cases of lipohypertrophy

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