

Delivery Address (if different)

Company: _____

Street, House Number: _____

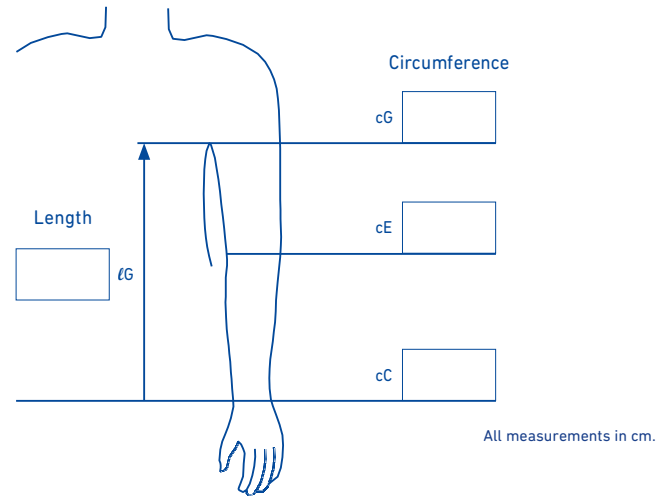
City: _____

Date, Signature: _____

Account Number

Company Stamp

VenoTrain®	CG	
Soft Arm	CG (with silicone band)	
Ccl	1	
	2	
Colour	Natural	
	Caramel	
	Black	
Size	S	
	M	
	L	
	XL	
Length	short	
	long	



Patient Name: _____

Remarks: _____

Sizing 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
lG	39,0 – 44,0	44,1 – 50,0