

# Made to Measure order Form

Fax: 07 3870 5944 or

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# VENOSAN®

COMPRESSION STOCKINGS

Customer service: 1300 527 127

**Patient Surname:** \_\_\_\_\_  
**First name:** \_\_\_\_\_  
**Date of birth (optional):** \_\_\_\_\_

**Customer:** \_\_\_\_\_  
**Customer no:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Referred by:** \_\_\_\_\_ **PH:** \_\_\_\_\_

Style

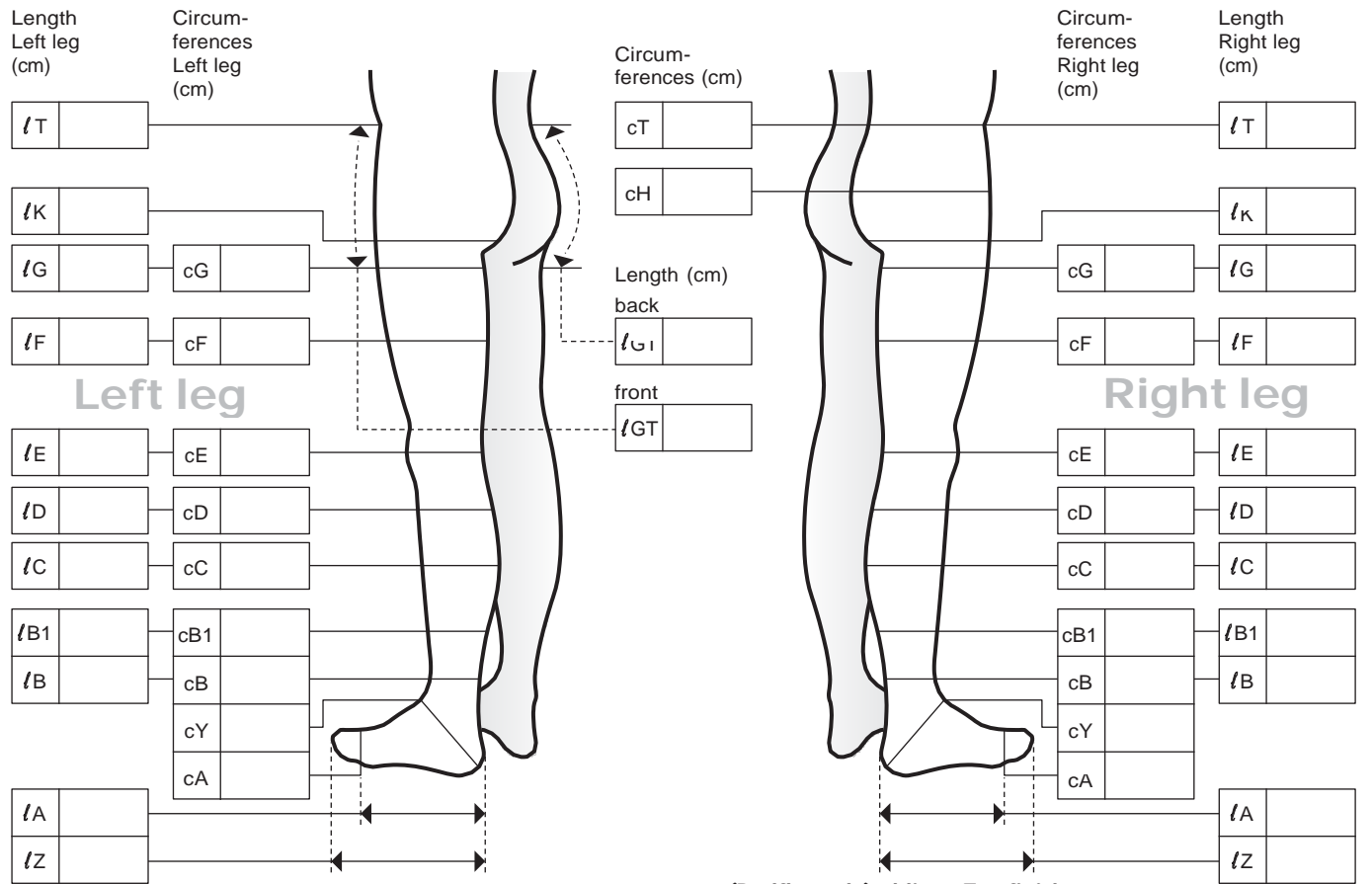
Quality	Compression class			Style							
	I	II	III	AD	ADH	AG	AGH	AGG	AT	AT Men	ATU Materna
VENOSAN® 4000											
VENOSAN® 5000											
VENOSAN® 7000											
VENOSAN® Perflor											

**Colour:** Mexico (Beige)  Black

**VeNosAN® Perflor: toe finish:** Oblique  Straight

**Quantity:** \_\_\_\_\_  
 Pair  
 Pieces left  
 Pieces right

**Version:** \_\_\_\_\_  
 plain top w. silicone dots  
 lace top  
 open toe  
 closed toe



(Perflor only) oblique Toe finish

lA- lZ	LEFT	RIGHT
Medial		
Lateral		

**Special requirements:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_