

# Fax Order Form

## Made to measure stockings



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Name \_\_\_\_\_

of patient: \_\_\_\_\_  Mrs  Mr \_\_\_\_\_

Date of birth: \_\_\_\_\_

Last order no.: \_\_\_\_\_

Doctor: \_\_\_\_\_

Customer no.: \_\_\_\_\_

Sender (stamp) \_\_\_\_\_

Date: \_\_\_\_\_

Quality	Compression class			Style									
	I	II	III	AD	ADH	AF	AFH	AG	AGH	AGG	AT	AT Men	ATU Materna
VENOSAN® 2000	Not available anymore, replaced by VENOSAN® 7000												
VENOSAN® 4000													
VENOSAN® 5000													
VENOSAN® 7000													

Colour: \_\_\_\_\_

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

<input type="checkbox"/>	Pair	<input type="checkbox"/>	plain top w. silicone dots
<input type="checkbox"/>	Pieces left	<input type="checkbox"/>	lace top
<input type="checkbox"/>	Pieces right	<input type="checkbox"/>	open toe
		<input type="checkbox"/>	closed toe

