

Fax Order Form

Made to measure stockings



VENOSAN®

Compression Stockings

SWISSLASTIC AG ST. GALLEN
 Rorschacher Strasse 304
 CH-9016 St. Gallen
 Tel. +41 (0)58 258 42 10
Fax +41 (0)58 258 42 11
 www.swisslastic.ch
 www.venosan.com

Name of patient: _____ Mrs Mr Sender (stamp)

Date of birth: _____

Last order no.: _____

Doctor: _____

Customer no.: _____ Date: _____

Quality	Compression class			Style									
	I	II	III	AD	ADH	AF	AFH	AG	AGH	AGG	AT	AT Men	ATU Materna
VENOSAN® 3000 COTTON													
VENOSAN® 4000													
VENOSAN® 5000													
VENOSAN® 7000													

Colour: _____

Special requirements: _____

Quantity: Pair Pieces left Pieces right

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

