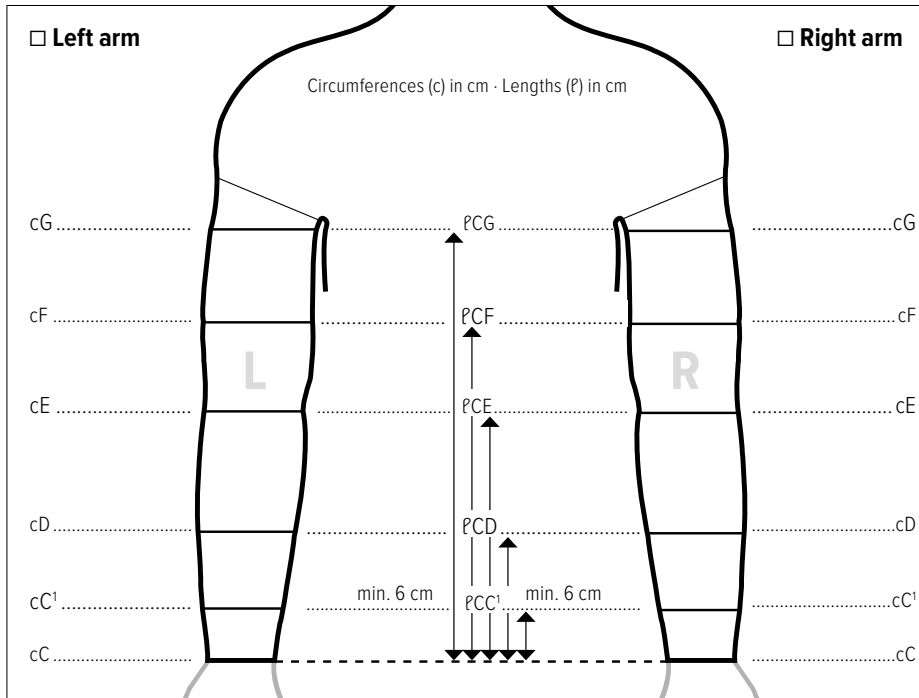


SoftCompress

Order Quotation only

Company stamp, contact person, phone (in block letters)		Patient details <input type="checkbox"/> Photo documentation will follow by e-mail¹	
		Order no. ² :	
		Previous order no./Quotation no./Date:	
Customer no.:	Date:	Quantity: <input type="checkbox"/> Piece <input type="checkbox"/> Pair	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Diverse

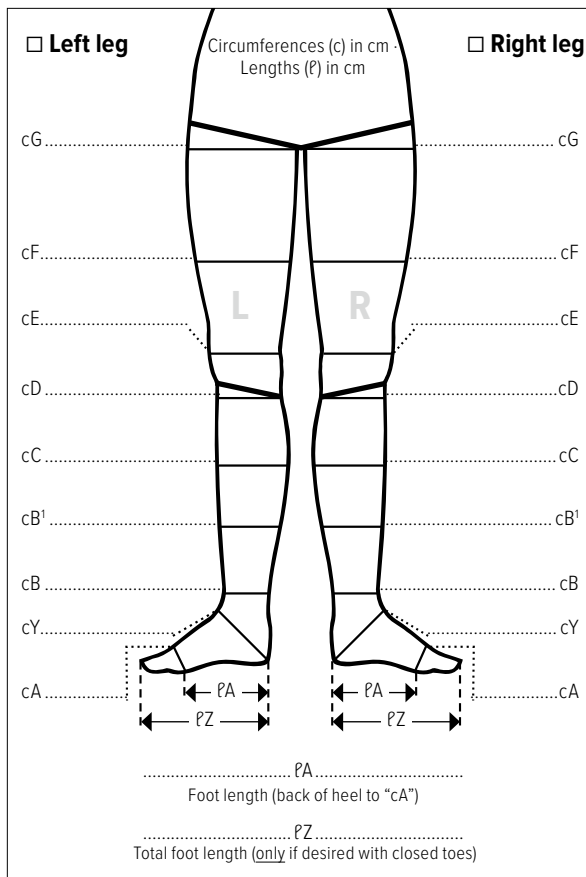
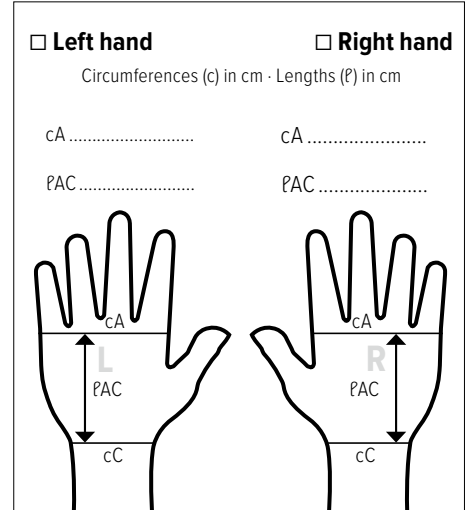


Model Arm

Bandage Arm (Art. 6822)

Border
 (We recommend a diagonal top.)

Diagonal top Straight top



Lengths in cm	
Left leg	Right leg
ℓG:	ℓG:
ℓF:	ℓF:
ℓE:	ℓE:
ℓD:	ℓD:
ℓC:	ℓC:
ℓB':	ℓB':
ℓB:	ℓB:

Model Leg

Bandage Lower Leg (Art. 6830)
 Bandage Lower Leg and Thigh (Art. 6820)

Border
 (We recommend a diagonal top.)

Diagonal top Straight top

Toe

Open foot sole (standard)
 Closed foot sole
 Closed toes
 Open toes
 Diagonal foot
 (Indicate internal and external foot length.)
 Straight foot

Please send a new order form

Special requests (in block letters):

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.....

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Ball stub/diagonal foot
 (indicate "PA")

Interior:	Interior:
Exterior:	Exterior:

ENG - 1407803/3/2 - 8659 LY - 02/2020 - Subject to change, no liability for errors.

¹ Due to the principle of data minimisation under data protection law, we recommend that you only send in a photo in the case of difficult anatomical features.
² If the patient name is provided, the company placing the order confirms that it has obtained lawful consent in advance to forward and process the data of the affected patient.