

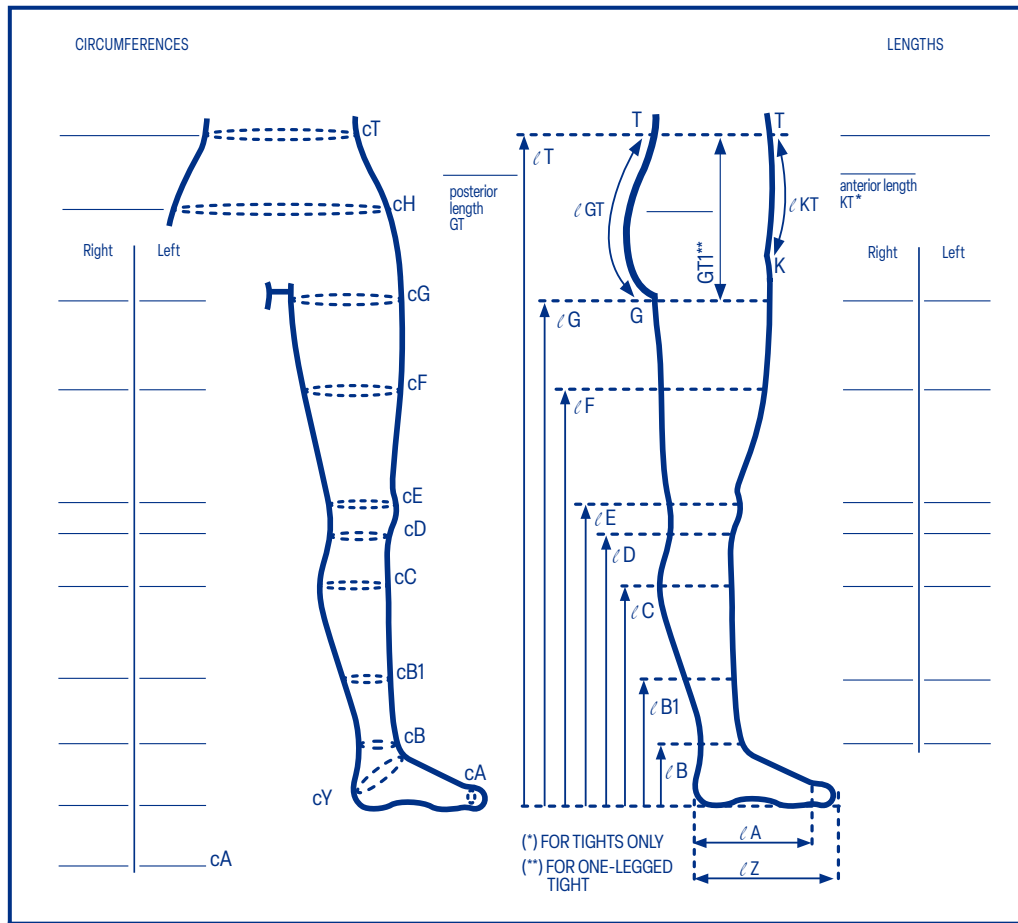
Order by email at varisan.sumisura@cizetamedicali.com

Stamp/Signature _____

Patient _____

Date _____

The custom-made device in question complies with the General Safety and Performance Requirements set out in Annex I and with the provisions of Annex XIII of Regulation (EU) 2017/745. The custom-made device in question is intended for the exclusive use of the patient identified in this model.



SEGMENTS

- Below-knee stocking (AD)
- High-high stocking with silicone band (AGH)
- Tights (AT)
- One-legged tight (AGTL/AGTR)
- One-legged tight + panty and half leg (ATF)
- Shorts (FT)
- Capri-length tights (CT)
- Leggings (BT)

COMPRESSION

	Ccl.	1	2	2 STRONG	3	4
Panty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUANTITY

Units _____
 Man
 Woman

TIGHTS WAISTLINE

- Waistline in elastic fabric
- Velcro adjustable waist strap
- Buttonhole adjustable waist strap

SILICONE BAND

	3,5 cm	5 cm	bielastic 5,2 cm
External band	<input type="checkbox"/>	<input type="checkbox"/>	
Internal band 3/4 circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal squared band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOP EDGE

- Laterally slanted (AD-AG)
- Front-slanted (AG)
- Straight (AD-AG)

Malleolar supports padding profile measuring points

Right	Left
_____	_____
_____	_____



VARITEC® STOCKING AID
 REF. 9705008

STOCKING SLIDER VARISLIDE®
 VARISLIDE® Short
 REF. 970510C
 VARISLIDE® Long
 REF. 970510L

OPTIONS

FOOT <input type="checkbox"/> Oblique Medial length cm _____ Side length cm _____ <input type="checkbox"/> Straight l A cm _____ <input type="checkbox"/> Closed toe l A cm _____ l Z cm _____	Right _____ Left _____	HELL <input type="checkbox"/> Standard <input type="checkbox"/> Shaped	KNEE <input type="checkbox"/> Straight <input type="checkbox"/> Flex <input type="checkbox"/> Comfort	PANTY <input type="checkbox"/> Man opening panty <input type="checkbox"/> Woman opening panty <input type="checkbox"/> Maternity panty <input type="checkbox"/> Panty with breathable dowel <input type="checkbox"/> Panty with side zip <input type="checkbox"/> Scrotal pouch <input type="checkbox"/> Ostomy opening	MICROFIBER PROTECTION INSERT <input type="checkbox"/> Popliteal Fossa <input type="checkbox"/> Instep
		<input type="checkbox"/> Comfort instep	ZIP (Available in beige and black colours only) <input type="checkbox"/> Inner zip <input type="checkbox"/> Outer zip <input type="checkbox"/> Back zip		

SPECIFIC REQUESTS

COLOURS

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> 106 ivory | <input type="checkbox"/> 440 carmine | <input type="checkbox"/> 608 forest green |
| <input type="checkbox"/> 604 havana* | <input type="checkbox"/> 450 fuchsia | <input type="checkbox"/> 820 grey |
| <input type="checkbox"/> 112 sand | <input type="checkbox"/> 535 bluette | <input type="checkbox"/> 862 black |
| <input type="checkbox"/> 420 coral | <input type="checkbox"/> 545 navy blue | |

*Standard colour for VARISAN® FLAT - other colours available on request