

VARISAN[®] ARMSLEEVE

CUSTOM-MADE CIRCULAR-KNIT COMPRESSION ARMSLEEVE*

Order by email at varisan.sumisura@cizetamedicali.com

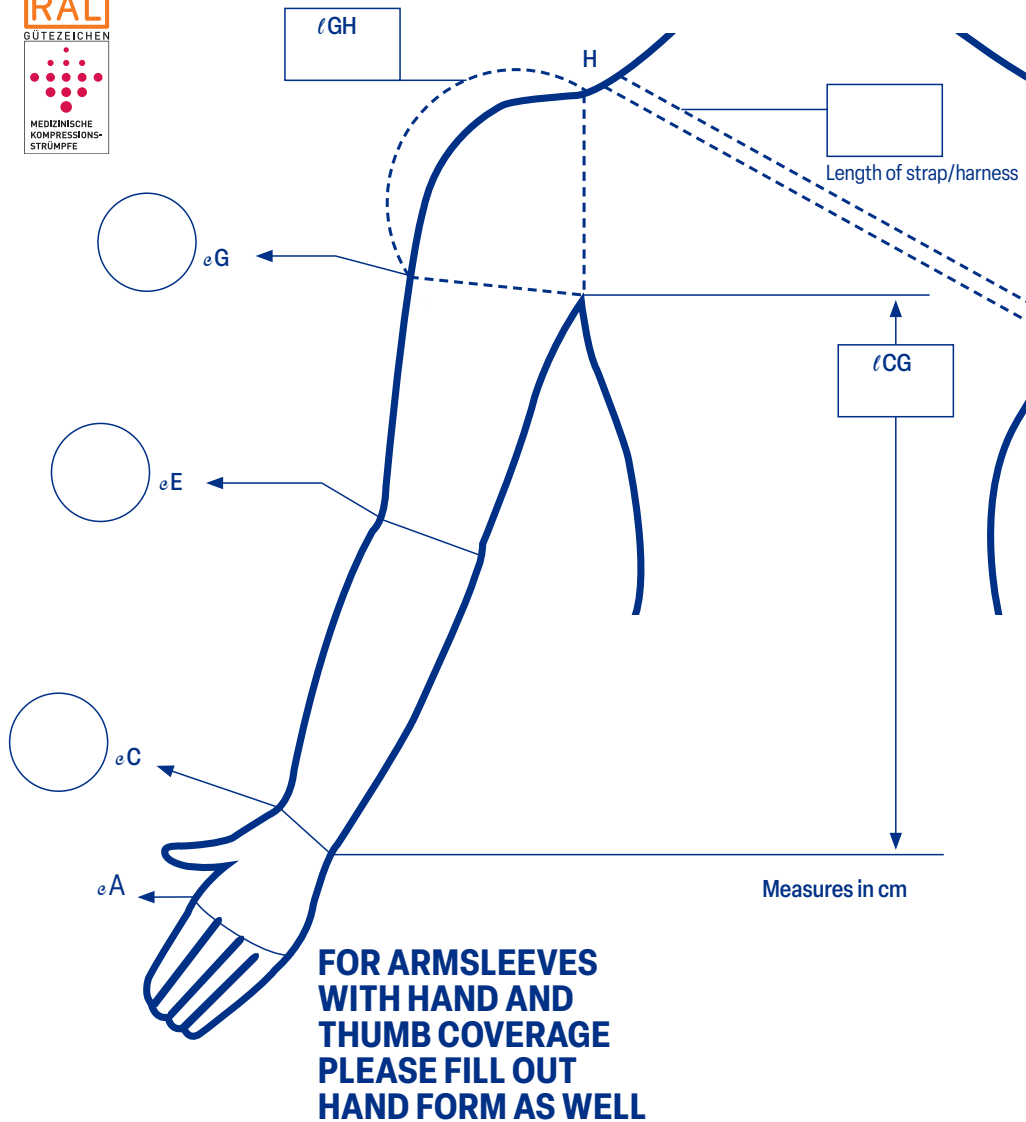
Patient _____

Doctor _____ 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.

The manufacturer is duly authorized to produce custom-made Class I medical devices with Ministry of Health registration number ITCA01061161.

Stamp/Signature



TYPE OF ARMSLEEVE	
<input type="checkbox"/>	Armsleeve at wrist
<input type="checkbox"/>	Armsleeve with hand and thumb coverage
VARIANTS	
<input type="checkbox"/>	Shoulder
<input type="checkbox"/>	Top band
COMPRESSION CLASS - Ccl.	
Ccl. 1	Ccl. 2
<input type="checkbox"/>	<input type="checkbox"/>
ARM	
<input type="checkbox"/>	Right
<input type="checkbox"/>	Left
COLOURS	
<input type="checkbox"/>	739 beige
<input type="checkbox"/>	862 black

LEGEND

- Circumferences
- Lengths

MEASUREMENT POINTS

- point C** *wrist palmar fold*
- point E** *elbow crease (flexed at 30°)*
- point G** *2-3 cm under armpit*
- point H** *support point on shoulder*

* Feasibility to be evaluated according to hand circumferences.