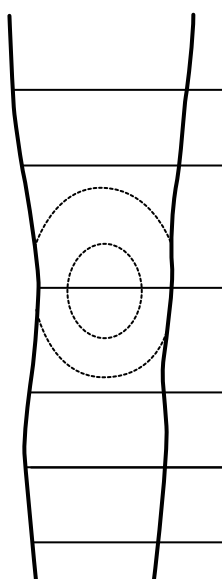


# ORDER FOR CUSTOM-MADE PRODUCTS

## GenuTrain® S

BAUERFEIND.COM

Identifier \_\_\_\_\_  
 (e.g. patient name, abbreviation) \_\_\_\_\_

	Circumference	Length
	<b>f<sup>1</sup></b>	<b>short: e - f<sup>1</sup> = 18 cm</b> <b>long: e - f<sup>1</sup> = 21 cm</b>
	<b>f</b>	<b>e - f</b>
	<b>e</b>	
	<b>d</b>	<b>e - d</b>
	<b>c</b>	<b>e - c</b>
	<b>b<sup>1</sup></b>	<b>e - b<sup>1</sup> = 18 cm</b>

Quotation

Order

**Knee**

Left  Right

Short  
 (length of support, thigh [e - f<sup>1</sup>] = 18 cm)

Long  
 (length of support, thigh [e - f<sup>1</sup>] = 21 cm)

**Extras**

Siliconized edge\* (add 5 cm to the length)

**Patient details\*\***

Male  Female

Obese  Pronounced muscles

Age \_\_\_\_\_ Height \_\_\_\_\_

\* Subject to additional charges – please consider the additional length when measuring patients

\*\* Optional; please specify special anatomical features to ensure an accurate fit of the finished product.

**All measurements must be entered to ensure proper treatment.**

- f<sup>1</sup> Thigh  
 Short version: Measure the circumference 18 cm above the middle of the knee (e).  
 Long version: Measure the circumference 21 cm above the middle of the knee (e).
- f Base of thigh
- e Middle of knee
- d Narrowest point below the knee
- c Calf circumference: Measure the circumference at least 12 cm below the middle of the knee (e).
- b<sup>1</sup> Calf circumference 18 cm below the middle of the knee (e).

**Notes:**

- Custom-made solutions are only available in the color titan.
- Take measurements with a slight flexion (30°).
- The length is measured on the outside of the leg.
- The selection of the short/long version depends on the individual measurements of the patient. The long version is recommended for patients from a height of 1.80 m.
- The following minimum circumference measurements are required for supplying the product:  
 f (14 cm above the knee): at least 38 cm  
 e (middle of knee): at least 32.5 cm  
 c (12 cm below the knee): at least 28 cm

\_\_\_\_\_

Stamp \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_