

Kunde

Name _____

Vorname _____

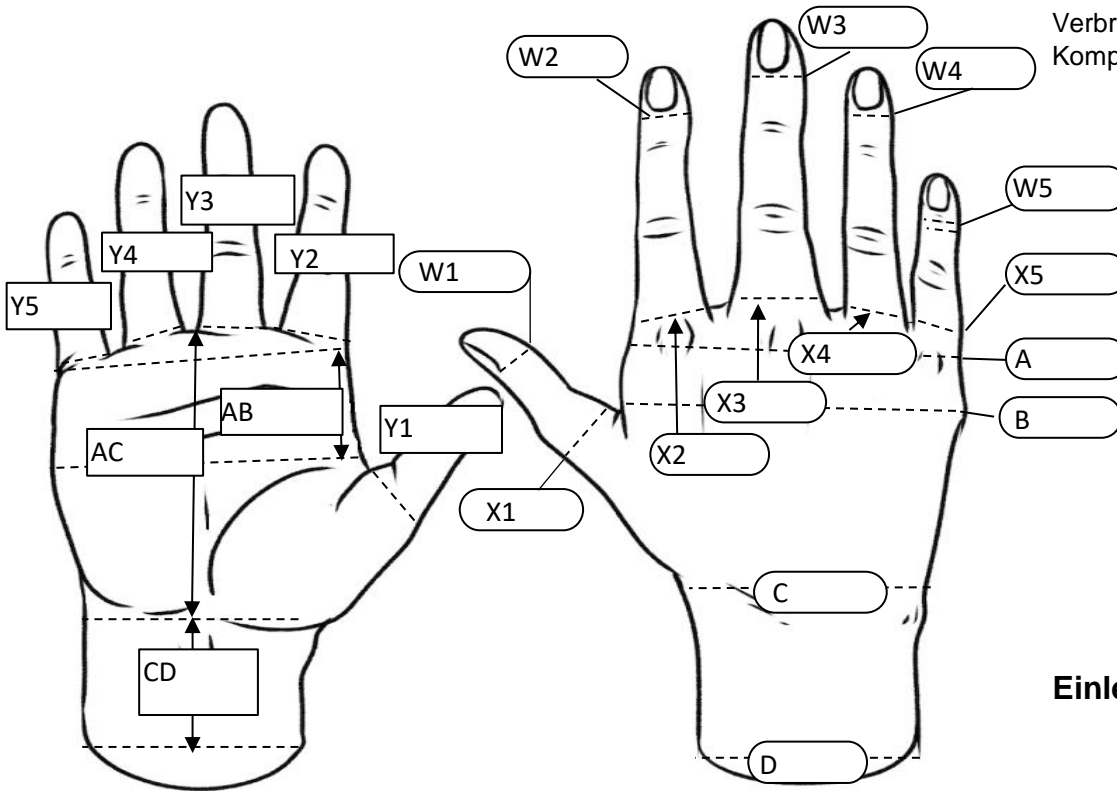
Datum _____

Geburtsdatum _____

Gemessen von _____

| | | |
|--------------------|--------------------------|--------------------------|
| Compression | CL1 | CL2 |
| Confort | <input type="checkbox"/> | <input type="checkbox"/> |
| Strong | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--------------|--------------------------|
| Verbrennung | <input type="checkbox"/> |
| Kompressions | <input type="checkbox"/> |



Einlegegummi

| | |
|---------|--------------------------|
| haut | <input type="checkbox"/> |
| schwarz | <input type="checkbox"/> |

Farben

| strong | | confort |
|--------------------------|--------------------|--------------------------|
| <input type="checkbox"/> | rohweis | <input type="checkbox"/> |
| <input type="checkbox"/> | beige (2056) | <input type="checkbox"/> |
| <input type="checkbox"/> | schwarz (7010) | <input type="checkbox"/> |
| <input type="checkbox"/> | bordeaux (5021) | <input type="checkbox"/> |
| <input type="checkbox"/> | antrasite (1012) | <input type="checkbox"/> |
| <input type="checkbox"/> | rot (5033) | <input type="checkbox"/> |
| <input type="checkbox"/> | Marine blau (3012) | <input type="checkbox"/> |
| <input type="checkbox"/> | royal blau (3057) | <input type="checkbox"/> |
| <input type="checkbox"/> | grün (4006) | <input type="checkbox"/> |
| <input type="checkbox"/> | grau (1045) | <input type="checkbox"/> |
| <input type="checkbox"/> | pink (5056) | <input type="checkbox"/> |

Optionen Finger

| | |
|--------------------|--------------------------|
| 101 offen Finger | <input type="checkbox"/> |
| Geschlossen Finger | <input type="checkbox"/> |
| Y1 | <input type="checkbox"/> |
| Y2 | <input type="checkbox"/> |
| Y3 | <input type="checkbox"/> |
| Y4 | <input type="checkbox"/> |
| Y5 | <input type="checkbox"/> |
| abketteln | <input type="checkbox"/> |
| dentelle | <input type="checkbox"/> |

Optionen für den Abschluss

| | |
|-----------------------|--------------------------|
| Rechts | <input type="checkbox"/> |
| Links | <input type="checkbox"/> |
| 102 Daumenhandschuh | <input type="checkbox"/> |
| 408 Grip top 3 cm | <input type="checkbox"/> |
| 408 Grip top 2 cm | <input type="checkbox"/> |
| 415 Ende Slipform cm | _____ |
| Zusatzoptionen | |
| Poroes position | _____ |
| Ende porös | <input type="checkbox"/> |
| 402 Reisverschluss | <input type="checkbox"/> |
| Position dorsal | <input type="checkbox"/> |
| Position palmair | <input type="checkbox"/> |
| Position aussen | <input type="checkbox"/> |

Bemerkung _____