

BSN medical Wound Care

**Your
Pathway to
Innovation.**

Your Partner
in Wound
Healing.

Cutimed®

Closing wounds. Together.

The assortment for every wound healing phase.

Discover **Cutimed® advanced wound care** from BSN medical, an innovative wound management range which reliably covers all wound healing phases.

Developed especially for the successful treatment of difficult and complex wounds, our state-of-the-art range of treatment options offers a complete selection of effective, patient- and user-friendly products, as well as wound therapy concepts for chronic wounds such as:

- ▶ venous leg ulcers
- ▶ diabetic foot ulcers
- ▶ pressure ulcers

Wound depth

Superficial

Deep

Superficial + deep

Wound phase

Necrotic

Infected

Slough

Granulating

Epithelializing

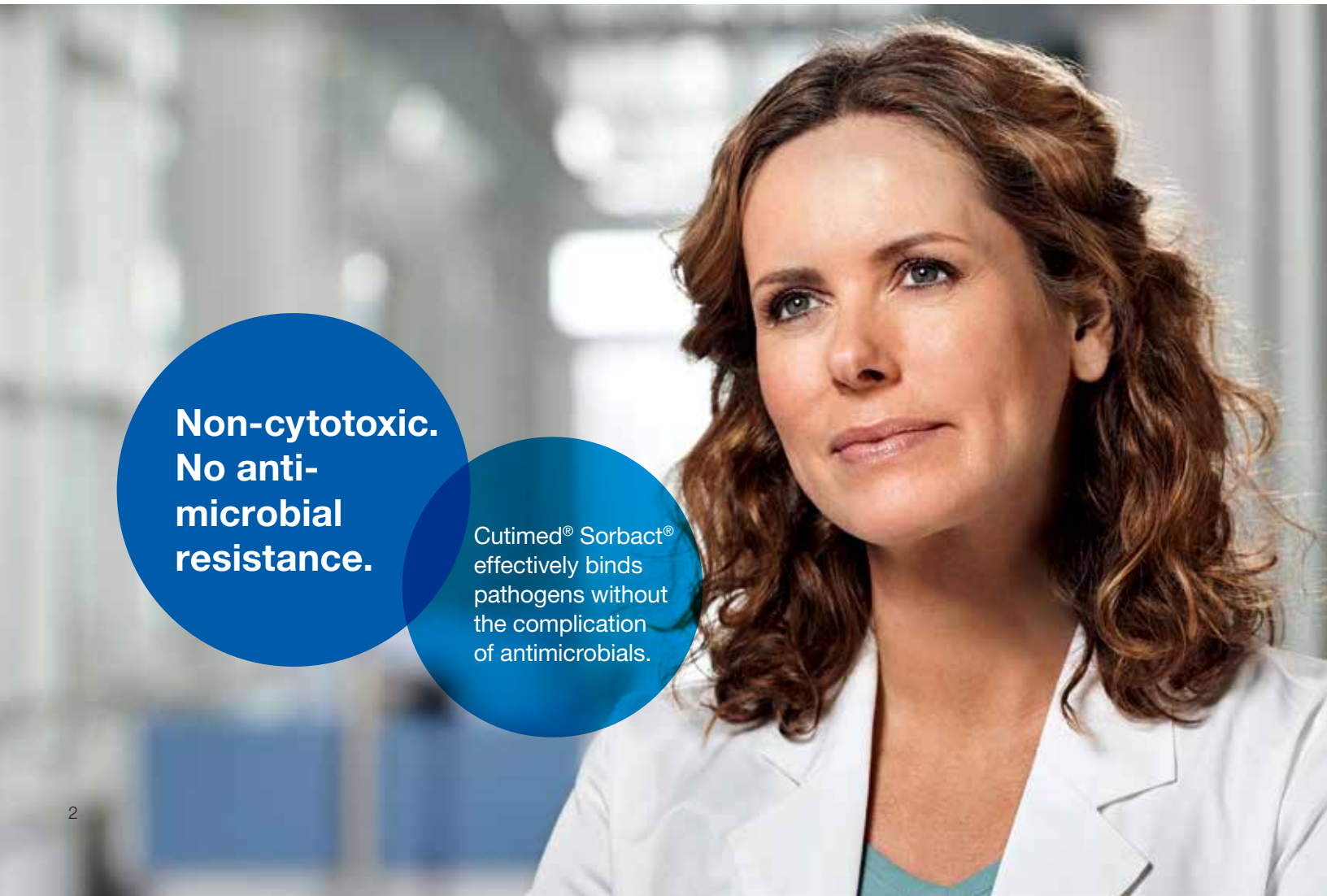
Exudate level

Low

Low to Moderate

Moderate to High

High to Very High



Non-cytotoxic.
No anti-microbial
resistance.

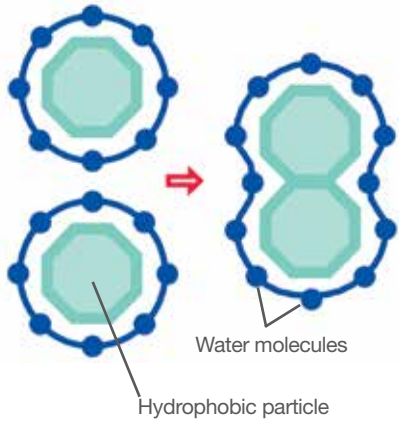
Cutimed® Sorbact®
effectively binds
pathogens without
the complication
of antimicrobials.

Cutimed® Sorbact®

Bacteria-binding dressings

How it works

Hydrophobic interaction—Cause and Effect.



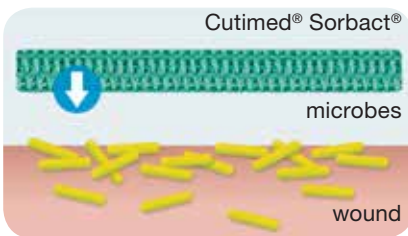
Cause: When two hydrophobic (water repellant) particles come in contact with each other within an aqueous environment, the forces of the surrounding water molecules actually cause the particles to bind and hold together.

Effect: Bacteria is hydrophobic. The dressing fabric in Cutimed® Sorbact® is also hydrophobic. In a moist wound environment, wound bacteria will naturally become irreversibly bound to the dressing. Without the presence of a hydrophobic dressing, bacteria will use their hydrophobicity to bind together, adhere to wound tissue cells and begin to colonize. With Cutimed® Sorbact®, bacteria are easily bound and removed with each dressing change, reducing the overall bacterial load. This also helps reduce the negative impact bacteria can have on the body's natural healing process.

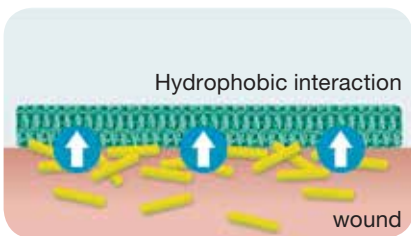


Physical attraction. The Sorbact® Way.

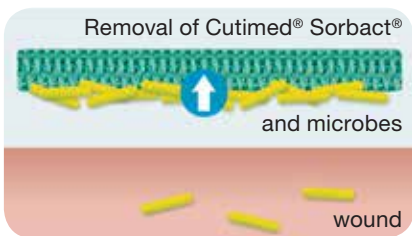
Bacteria and fungi are naturally hydrophobic (i.e., water repellant). The Sorbact® principle takes advantage of this.



1. Cutimed® Sorbact® is applied in direct contact with the wound.



2. Bacteria and/or fungi are attracted to the DACC-coated surface, through hydrophobic interaction, and become irreversibly bound to the dressing fibers.



3. These bound pathogens are then removed with each dressing change. This helps to reduce the overall bacterial/fungal load and encourages the natural healing process.

Easily combines with other dressings

Depending on the exudate levels, Cutimed® Sorbact® may be used with amorphous hydrogels, as well as secondary dressings including:

- Transparent film dressings
- Dressings for additional absorptions
- Hydroactive foam dressings

Cutimed® Sorbact®

Dressing Pads



- Absorbent core
- For light exudate management

Size	REF No.	Dressings/Box	HCPs
2.8 × 3.5 in. (7 × 8.9 cm)	7216101	5	A6251
2.8 × 3.5 in. (7 × 8.9 cm)	7216100	40	A6251
4 × 4 in. (10 × 10 cm)	7216201	5	A6251
4 × 4 in. (10 × 10 cm)	7216200	40	A6251
4 × 8 in. (10 × 20 cm)	7216300	20	A6252

Ribbon gauzes



- Impregnated ribbon gauze
- For cavity wounds of all kinds

Size	REF No.	Dressings/Box	HCPs
0.8 × 19.7 in. (2 × 50 cm)	7216600	20	A6266
2 × 78.7 in. (5 × 200 cm)	7216700	10	A6266

Swabs



- Flat, folded dressing
- For deep or superficial wounds

Size	REF No.	Dressings/Box	HCPs
1.6 × 2.4 in. (4 × 6.1 cm)	7216401	5	A6222
1.6 × 2.4 in. (4 × 6.1 cm)	7216400	40	A6222
2.8 × 3.5 in. (7 × 8.9 cm)	7216501	5	A6222
2.8 × 3.5 in. (7 × 8.9 cm)	7216500	40	A6222

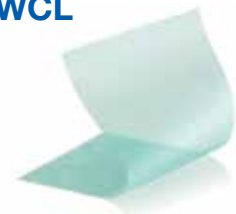
Round Swabs



- Impregnated acetate round swabs
- For deep or superficial wounds

Size	REF No.	Dressings/Box	HCPs
walnut	7216800	70 (14 × 5)	A6222

WCL



- Impregnated acetate fabric
- For shallow wounds and under compression

Size	REF No.	Dressings/Box	HCPs
2 × 3 in. (5 × 7.6 cm)	7266200	10	A6206
4 × 4 in. (10 × 10 cm)	7266201	10	A6206
4 × 5 in. (10 × 12.7 cm)	7266202	10	A6207
4 × 8 in. (10 × 20 cm)	7266203	10	A6207
6 × 6 in. (15 × 15 cm)	7266204	10	A6207
8 × 8 in. (20 × 20 cm)	7266205	10	A6208

Cutimed® Sorbact® at work in dry wounds.

The addition of a hydrogel to the Cutimed® Sorbact® acetate dressing allows bacterial management in dry to very lightly draining wounds.

Gel



- Ready-to-use
- Combines WCL with preservative-free hydrogel
- Promotes autolytic debridement

Size	REF No.	Dressings/Box	HCPs
3 × 3 in. (7.6 × 7.6 cm)	7261100	10	A6231
3 × 6 in. (7.6 × 15 cm)	7261101	10	A6232

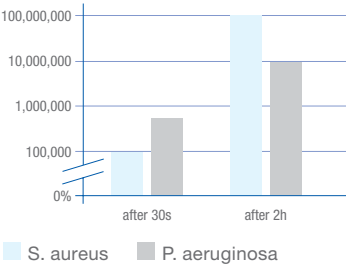
Efficacy based on evidence and experience.

“Binding increased after 10 minutes ... bacterial counts remained stable during 20 hours ... showing microbes multiply to a very low extent after binding ...”

Rapid: 100,000 bacteria bound in 30 seconds.

A wound with a bacterial count of 10⁵ per gram tissue is considered infected. *In vitro*, one square centimeter of Cutimed® Sorbact® can bind 10⁵ in only 30 seconds. One thousand times more microbes are bound just two hours later.*

Binding speed

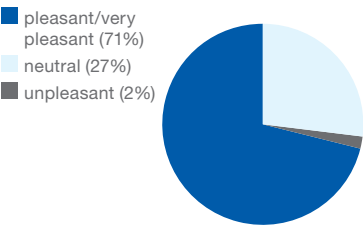


“The bacteria-binding effect is of particular interest because it requires no systemic or local antimicrobial agents.”

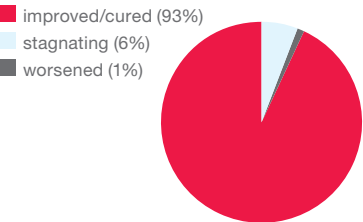
Reliable: 116 patients, 93% of all wounds improved or healed.

A multi-centre study confirmed the success of previous trials. Among 116 patients, a total of 93% of all wounds improved (became clean or started granulating) or healed completely during the treatment period.**

Patient's perception



Wound healing process

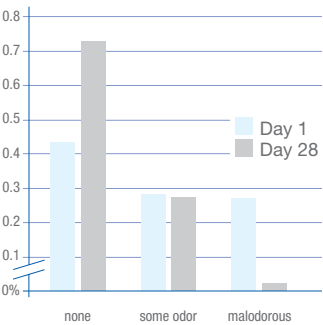


“The product range is unique, with a highly effective mode of action and the ability to kick-start the healing process of previously non-healing wounds.”

Reduction: Exudate, odor and pain.

Clinicians reported exudate levels greatly improved, even for long-standing wounds that did not respond to prior treatments. Studies also show a considerable reduction of malodor in just over four weeks with Cutimed® Sorbact® and patients report a significant reduction in pain over the treatment period.***

Reduction in malodor



For additional clinical evidence, including case reports, poster presentations and published articles, please visit www.cutimed.com/awc/evidence.

* Ljungh, Å. Yanagisawa, N. and Wadström, T. Using the principle of hydrophobic interaction to bind and remove wound bacteria. The Journal of Wound Care, April 2006, Vol 15, No 4.
** Kammerlander, G., Locherer, E., Süss-Burghart, A., von Hallern, B., Wipplinger, P. An investigation of Cutimed® Sorbact® as an antimicrobial alternative in wound management.
*** Hampton, S. An evaluation of the efficacy of Cutimed® Sorbact® in different types of non-healing wounds. Wound UK. 2007; 3:1–6.

Prophalatic use of Cutimed® Sorbact®

Preventing infection in superficial traumatic wounds

M.-Rebecka von Hallern



Sutured cut wound on the wrist



A Cutimed® Sorbact® swab is applied underneath the sterile adhesive dressing

Product featured: Cutimed® Sorbact® Swabs

Reference Cutimed® Sorbact® Case Report 5

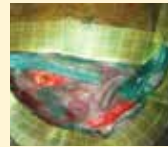
Managing bioburden with bacteria-binding dressing

Paula Rupert

Day 1



Wound measures 190sq cm with heavy bioburden, enteric content and peri-wound excoriation.



Used Cutimed® Sorbact® gel dressing to cover wound. Protect peri-wound edges with hydrophobic dressing.

Day 37



Wound now measures 45sq cm.

Product featured: Cutimed® Sorbact® gel

Reference Cutimed® Sorbact® Case Report 14

Infected decubitus ulcer over the greater trochanter

Fredhelm Lang

Day 1



Pressure sore on admission before abscess incision and excision.

Day 4



Wound status immediately after removing the Sorbact® tamponade. The wound margins are no longer reddened. Viscous exudate is still present in the wound bed.

Day 14



Granulation continuing up to skin level.

Products featured:

Cutimed® Sorbact® Ribbon Gauze

Cutimed® Sorbact® Swabs

Reference Cutimed® Sorbact® Case Report 1

Arterial leg ulcer

Marina Zemanek

Day 1 (start of treatment)



The wound bed shows layers of fibrinous and partially necrotic slough. The wound margins and peri-wound skin are reddened. Heavy exudation. Erythema and intense wound odor indicate the presence of an infection.

Week 2



The wound bed continues to show layers of fibrinous necrotic slough which, however, are easily detachable. Initial granulation is visible. The wound margins and peri-wound skin are still slightly reddened. Heavy exudation is still present. Decreased skin redness and diminished wound odor indicate that the ulcer is still colonized with bacteria.

Week 17 (end of treatment)



The ulcers have healed except for very few sites. Wound margins and peri-wound skin are slightly reddened and dry, hardly any exudate present, no wound odor.

Products featured:

Cutimed® Sorbact® Swabs

Cutimed® Sorbact® Pads

Reference Cutimed® Sorbact® Case Report 2

Phlegmons of the lower extremity in AOD with gangrene

Bernd von Hallern

Day 1



Status on admission. The foot is swollen and there is bluish-livid discoloration of the forefoot extending to the ankle. On pressure, pus drains from the existing, still open amputation wound of the great toe.

Week 2



Wound status on the 8th postoperative day. New fatty tissue and muscle necroses are still forming and are continuously removed at each dressing change. Generous antiseptic irrigation is followed by Cutimed® Sorbact® wound dressing.

Week 28



Wound assessment after another six weeks (total treatment period six and a half months). Wound closure still not achieved. We recommend treatment with hydroactive wound dressings until wound closure.

Product featured:

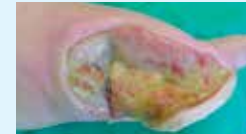
Cutimed® Sorbact® Ribbon Gauze

Reference Cutimed® Sorbact® Case Report 3

Postoperative treatment of diabetic foot gangrene

M.-Rebecka Doerk

Day 1 (start of treatment)



Wound status on second postoperative day. Large and deep wound area. The wound margins are reddened, with heavy layers of fibrinous necrotic slough on the plantar side, and some superficial fatty tissue and muscle necroses.

Day 2 (wound dressing)



A Cutimed® Sorbact® ribbon gauze is applied to the wound and covered by a Cutimed® Sorbact® absorbent pad fixed with an elastic gauze bandage. The next dressing change will be required at the following day because of the heavy exudation.

Day 73



With a wound size of 3 x 1.5 cm, the patient is discharged to a course of rehabilitative treatment.

Products featured:

Cutimed® Sorbact® Ribbon Gauze

Cutimed® Sorbact® Pads

Reference Cutimed® Sorbact® Case Report 4

Treatment of a dermal fungal infection, complicated by a secondary bacterial infection

James McGuire DPM, PT, CPed, FAPWCA, FAPWHc

Fig. 1



When he presented to the wound center he was still inflamed, painful, and draining with only a slight reduction in the advance of the cellulitis from the Bactrim DS and a strong odor emanating from the foot.

Fig. 3



After one week using the Cutimed® Sorbact® ribbon gauze his pain and the odor had almost completely resolved (1/10) and he had little or no drainage from the interspaces.

Fig. 4



In time, resolution of the hemosiderosis and exfoliation of the peeling skin would complete the healing process.

Product featured:

Cutimed® Sorbact® Ribbon Gauze

Reference Cutimed® Sorbact® Case Report 11

Chronic arterial leg ulcer with MRSA

Astrid Probst

Day 1



The wound bed is covered by a layer of fibrinous necrotic debris. High rate of exudation, unpleasant odor and reddened wound margins and peri-wound skin indicate the presence of an infection. The wound swab confirms the presence of abundant E. coli and moderate amounts of MRSA.

Day 5



Transition from the inflammatory phase to granulation. The reddening of the wound margins and peri-wound skin has decreased. Necrotic wound debris has also been removed and an increase in granulation tissue is visible. The wound swab is already negative on this day. Further swabs will be taken on the following days to confirm this result.

Day 14



We observe an increase in granulation tissue. Exudation is markedly reduced. The reddening of the wound margin and peri-wound skin has disappeared completely. The wound is free of E. coli. Despite residual contamination with MRSA (the wound swab on day 12 showed a small amount of MRSA) the transition to outpatient care can be approved.

Products featured:

Cutimed® Sorbact® Ribbon Gauze

Cutimed® Sorbact® Pads

Reference Cutimed® Sorbact® Case Report 6

Chronic venous insufficiency and venous leg ulcers

Bernd von Hallern

Day 1



The giant ulcer on the lateral side of the lower leg is infected and has a layer of smeary fibrinous slough with a certain amount of necrotic tissue. The black areas in the ulcer are attributable to six months of self-treatment with silver alginates. Mechanical wound cleansing as far as possible, antiseptic irrigation and microbe binding wound treatment with Cutimed® Sorbact® gel. Fixation of the wound dressing with a surgical film. Initiation of consistent compression therapy with short stretch bandages.

Day 3



Wound cleansing continues and infection signs decrease. Surgical debridement is performed under local anesthesia with EMLA® cream to remove remaining necrotic material.

Day 11



With clean and granulating wound conditions, the patient surprisingly informs us that she has to leave the hospital today for private reasons. She fails to attend a repeat appointment for skin graft coverage.

Product featured:

Cutimed® Sorbact® gel

Reference Cutimed® Sorbact® Case Report 7

Cutimed® Gel

Gentle and effective hydration and debridement



8 g | 15 g | 25 g
0.3 oz | 0.5 oz | 0.8 oz

Available in three practical and convenient sizes



- Pure formulation and preservative-free for less risk of allergic reactions
- Can be covered with many types of secondary dressings (e.g. film dressings) without risk of incompatibility
- Superior moisture donation allows for less frequent dressing changes and effective debridement

Size	REF No.	Pieces/Box	HCPCS
8 g /.3 oz.	7261000	10 + 10	A6248
15 g /.5 oz.	7261001	10 + 10	A6248
25 g /.8 oz.	7261002	10 + 10	A6248



Cuticell®

Ointment dressing



- Helps prevents tissue in-growth with small mesh and does not disturb wound healing
- Minimizes pain at dressing change with smooth, acetate fabric with knit structures
- Permeable to air and allows exudate to drain freely into an absorbent secondary dressing
- Ointment impregnation helps maintain a moist healing environment

Size	REF No.	Dressings/Box	HCPCS
3 × 3 in.	7253900	10	A6206
3 × 3 in.	7253901	50	A6206
3 × 8 in.	7253902	10	A6207
3 × 8 in.	7253903	50	A6207



Cutimed® Siltec®

Super absorbent, silicone foam dressing

- Allows for longer wear time with superior absorption
- Reduces risk of maceration with silicone wound contact layer, vertical absorption and super absorbent particles
- Promotes better quality of life for patient with pain-free removal
- Can be used under compression



Superior fluid management

- ▶ **Smart Pore Structure allows vertical absorption**
 - reduces the risk of maceration to wound edges and peri-wound skin



Picture shows macerated edges before use

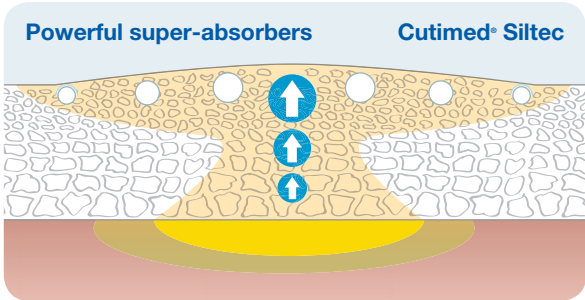


Picture shows true vertical absorption



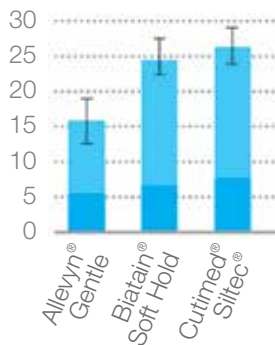
Picture shows improvement of wound edges after 24 hours

- ▶ **Super Absorbent Particles – SAP**
 - locks exudate away from wound for proven higher absorption and retention



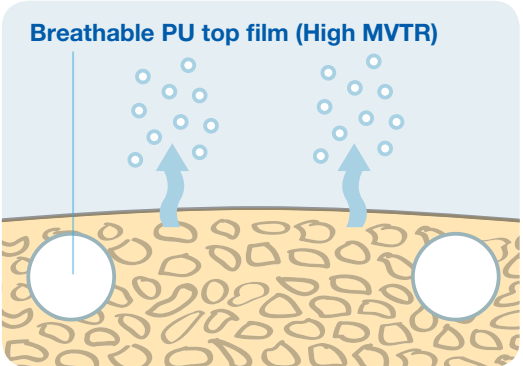
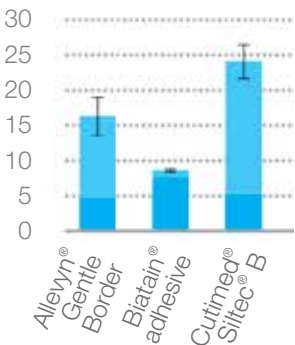
- ▶ **Highly Breathable Film for Dynamic MVTR**
 - transpires enough fluid to keep wound comfortable while maintaining a moist wound environment

Non-Bordered Foam



Moisture loss
Absorbency
grams/10 cm²/24 hours

Bordered Foam



In-vitro tests confirm the outstanding fluid handling of Cutimed® Siltec®. (SMTL test 2008, data on file)
Laboratory testing results are intended to illustrate a product's performance under controlled conditions. Actual use results may vary.

Cutimed® Siltec®

Super absorbent, silicone foam dressing

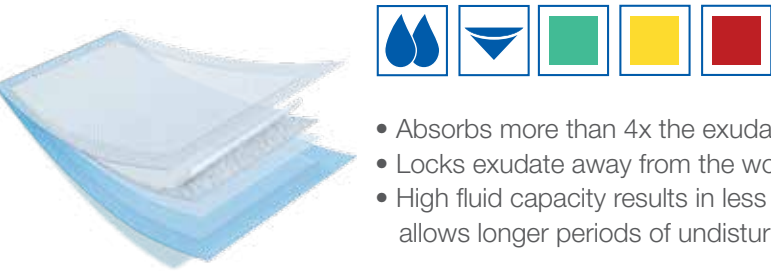


Product	Size	REF No.	Dressings/Box	HCPCS
Siltec	2 × 2 1/2 in.	7263200	10	A6209
	4 × 4 in.	7263201	10	A6209
	4 × 8 in.	7263202	10	A6210
	6 × 6 in.	7263203	10	A6210
	8 × 8 in.	7263204	5	A6211
Siltec L	2 × 2 1/2 in.	7263000	10	A6209
	4 × 4 in.	7263001	10	A6209
	6 × 6 in.	7263002	10	A6210
Siltec B	3 × 3 in.	7263100	10	A6212
	5 × 5 in.	7263101	10	A6212
	6 × 6 in.	7263102	10	A6212
	7 × 7 in.	7263103	5	A6213
	9 × 9 in.	7263104	5	A6213

Product	Size	REF No.	Dressings/Box	HCPCS
Siltec Sacrum	7 × 7 in.	7264700	5	A6212
	9 × 9 in.	7264701	5	A6213
Siltec Heel	6 1/2 × 9 1/2 in.	7264800	5	A6210
Siltec Heel 3D	6 1/2 × 9 1/2 in.	7264801	5	A6210

Cutisorb® Ultra

Super absorbent wound dressing



- Absorbs more than 4x the exudate of other wound dressings*
- Locks exudate away from the wound and surrounding skin even under pressure
- High fluid capacity results in less frequent dressing changes, lower cost of treatment, and allows longer periods of undisturbed healing.

Size	REF No.	Dressings/Box	HCPCS
4 × 4 in. (10 × 10 cm)	7263900	20	A6251
4 × 8 in. (10 cm × 20 cm)	7263901	20	A6252
8 × 8 in. (20 cm × 20 cm)	7263902	20	A6252
8 × 12 in. (20 cm × 30 cm)	7263903	20	A6253

Cutimed® Hydro

Hydrocolloid dressing



- Maintains a moist environment
- Stimulates granulation
- Retains exudate in gel
- Waterproof and breathable

Cutimed® Hydro L (Light)

Size	REF No.	Dressings/Box	HCPCS
2 × 10 in.	7263600	12	A6235
3 × 3 in.	7263601	10	A6234
4 × 4 in.	7263602	10	A6234
6 × 6 in.	7263603	5	A6235

Cutimed® Hydro B (Border)

Size	REF No.	Dressings/Box	HCPCS
3 × 3 in.	7263500	5	A6237
4 × 4 in.	7263501	5	A6237
6 × 6 in.	7263502	5	A6238
(Sacral) 6 × 7 in.	7263503	3	A6238

Cutimed® Alginate

Calcium alginate dressing



- Maintains a moist environment
- Fast gelling
- Highly absorbent
- Retains the exudate in a gel
- Excellent wet integrity

Cutimed® Alginate dressing

Size	REF No.	Dressings/Box	HCPCS
2 × 2 in.	7263400	10	A6196
4 × 4 in.	7263401	10	A6196
4 × 8 in.	7263402	10	A6197

Cutimed® Alginate rope

Size	REF No.	Dressings/Box	HCPCS
1 × 11 3/4 in.	7263403	5	A6199

Cutimed® Cavity

Cavity foam dressing



- Atraumatic
- Non-adhesive
- Soft and conformable
- Easy to apply and remove
- Highly absorbent



Size	REF No.	Dressings/Box	HCPCS
2 × 2 3⁄8 in.	7262100	10	A6209
4 × 4 in.	7262101	10	A6209
6 × 6 in.	7262103	10	A6210

Postoperative wound after rectal surgery Wil Duffels and Suzan Boomars

Day 1



Eight days after surgery the wound shows first signs of infection. Wound margins and peri-wound skin are reddened. Start of wound therapy with Prontosan® and Prontosan® Wound Gel.

Day 6



Antimicrobial therapy with Cutimed® Sorbact® swabs is initiated. Daily dressing change of Cutimed® Sorbact® and change of the secondary absorbent dressing three times per day.

Day 113



Complete wound closure has been achieved.

Products featured:
Cutimed® Sorbact® Swabs
Cutisorb® Ultra
Reference Cutimed® Sorbact® Case Report 8

Venous ulcer management under pressure with low profile super absorbent dressing for improved peri-wound skin care Catherine Rogers, APN, BC, CWCN, CWS, FACCWS

Day 1



Peri-wound skin breakdown, large skin flakes, maceration. Treatment switched to Cutisorb® Ultra plus hydrofiber (already in use with previous absorbent dressing).

Day 7



Moderate drainage, no strike-through, maceration significantly reduced.

Day 56



Wound much smaller, ongoing healing, low exudate level. Complete, sustained healing expected.

Product featured:
Cutisorb® Ultra
Reference VLU Therapy Poster 1

Treatment of highly-draining leg ulcers using unique super-absorbent dressing with a multi-layer compression bandage system Kazu Suzuki, DPM CWS

Before

Venous leg ulcer with visible varicosities, hemosiderin staining on bilateral ankles.

Right leg – medical ankle ulcer dorsum foot ulcer; leg pulses not palpable. Doppler test showed good healing potential mildly obstructed PVR waveforms with SPP of 70's mmHg. Leg wounds anesthetized topically, debrided sharply with scalpel, irrigated with saline. All wounds dressed with Cutisorb® Ultra, wrapped with JOBST® Comprifore multi-layer compression bandage system.



After

By the third office visit, the wound size was dramatically reduced and edema much improved. Steady improvement, with complete healing in 4 months. JOBST® compression stockings prescribed for every day.



Products featured:
Cutisorb® Ultra
JOBST® Comprifore®
JOBST® compression stockings (after)
Reference VLU Therapy Poster 2

Venous leg ulcer Baldur Tumi Baldursson

Day 1



The wound after the debridement of the necrosis. Note that the operation scar has broken down and a linear ulcer formed above the original one.

The wound was treated with an atraumatic superabsorbent silicone dressing, Cutimed® Siltec®. The venous insufficiency was treated with Comprilan® short stretch compression bandages.

Day 29



The ulcer is partially on its way to autodebridement that seems to be facilitated by the dressing. Additional necrotic tissue was removed by scalpel and forceps. Note the exuberant granulations in the bottom of the wound. The treatment with Cutimed® Siltec® dressings and short stretch bandages was continued.

Day 176



The wound is healed and the scar is fully contracted. After this the scar will be remodelled and get thinner and more flexible. When the photo was taken the patient was using compression hoisery to prevent recurrences and was determined to do so in the future.

Products featured:
Cutimed® Siltec®
Comprilan® short stretch
Reference Cutimed Siltec Case Report 4

Diabetic Ulcer Anja Süß-Burghart



Wound on admission showing ulcerated areas on the foot covered with necrotic tissue.



One week later following surgical debridement, the wound base is looking healthy with some early granulation tissue present.



At the fifth dressing change (carried out by the patient himself) the wound base is covered with granulation tissue and a large area is also covered with new epithelium.



At the seventh and final dressing change the wound was found to have healed completely.

Product featured:
Cutimed® Siltec®
Reference Cutimed Siltec Case Report 1

The excellent fluid handling properties of Cutimed® Siltec®, a feature of the dressing's considerable but controlled permeability to water vapor, and its skin friendly silicone wound contact surface were considered to be of particular benefit in the treatment of this patient and were judged by the nursing team to have made a significant contribution to the successful treatment outcome.

Management of a stab wound Astrid Probst



Dehiscd abdominal wound showing minimal granulation tissue and some area of residual slough.



Application of Cutimed® Sorbact® to wound base.



Cutimed® Cavity placed over the wound contact prior to the application of secondary absorbent layer and retention sheet.

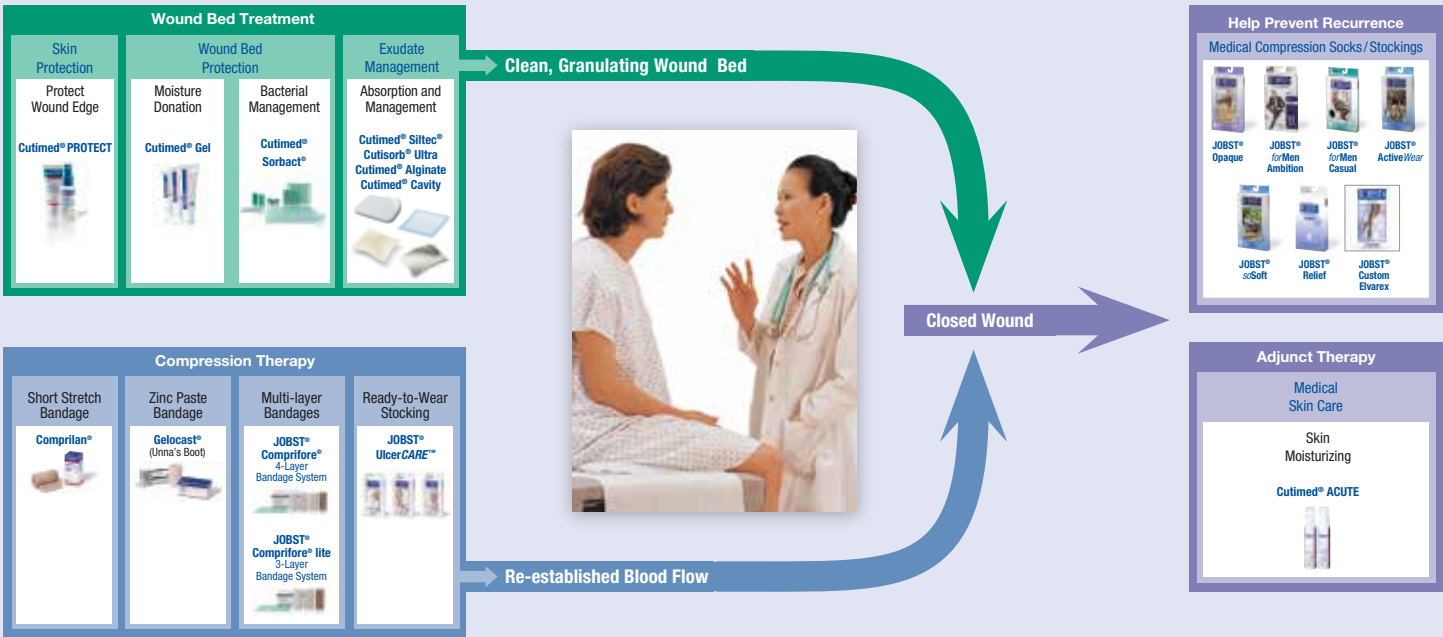


Healed wound at follow up.

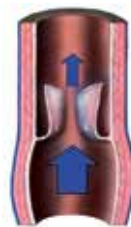
Product featured:
Cutimed® Sorbact® Swabs
Cutimed® Cavity
Reference Cutimed Cavity Case Report 3

Venous leg ulcer management: Therapy approach

Selecting the appropriate compression system



Regular function of venous valves



Open valve:
Blood can flow
towards the heart.



Closed valve:
Blood cannot flow
back towards the heart.

Malfunction of venous valves



Deficient valve
allows the venous
blood to reflux.

Comprilan®

Short stretch compression bandage

Comprilan® is a short stretch bandage providing both compression and high resistance to stretch to increase venous return in the management of venous leg ulcers.

- Provides high working pressure and low resting pressure
- Can be worn comfortably, safely and effectively during rest and activity
- Can be washed and reused for economical treatment
- Cool and light, the open weave 100% cotton fabric allows the skin to breathe
- Better tolerated if pain is an issue
- Safe for mixed ulcers (0.6 < ABPI < 0.8)



Size	REF No.	Rolls/Box	HCPCS
4 cm x 5 m	7718700	1	N/A
6 cm x 5 m	0102600	1	N/A
8 cm x 5 m	0102700	1	N/A
10 cm x 5 m	0102800	1	N/A
12 cm x 5 m	0102900	1	N/A
10 cm x 10 m	7718800	1	N/A
12 cm x 10 m	7718900	1	N/A

JOBST® Comprifore®

Multi-layer compression system



- Provides effective levels of sustained graduated compression
- Provides built-in safety and ease of application
- Ensures compliance and maximum healing for cost-effective care
- Includes Cutimed® Sorbact® Wound Contact Layer to reduce bioburden that may impede healing

Ankle circumference: Comprifore® and Comprifore® LF 7–10 in. (18–25 cm)
Comprifore® lite and Comprifore® lite LF all

REF No.	Description	Dressings/Box	#1	#2	#3	#4	Sorbact® WCL
7266100	JOBST® Comprifore®	1 set / box	•	•	•	•	•
7266101	JOBST® Comprifore® LF	1 set / box	•	•	•(LF)	•(LF)	•
7266102	JOBST® Comprifore® lite	1 set / box	•	•		•	•
7266103	JOBST® Comprifore® lite LF	1 set / box	•	•		•(LF)	•
	HCPCS		A6441	A6443	A6449	A6454	A6207
	CPT Code		29581–Application of multi-layer venous wound compression system, below the knee				



Treatment of severe burn wound using unique bacteria-binding dressing with a fatty acid contact layer

Kazu Suzuki, DPM CWS

Day 1 (initial visit)



The patient presented with a left foot burn wound with a large blister, filled with serosanguineous fluid. The blister was deroofed and debrided. The wound base was also sharply debrided with #10 scalpel, followed by saline irrigation using 35 kHz ultrasound device (Quostic system by Arobella Medical) for 5 minutes. Once debrided, the wound base was observed as covered with moist pink-to-red granular tissue with a central area of yellow leathery tissue. This wound was diagnosed as a combination of deep second-degree and third-degree burns. The patient experienced no pain, as she is profoundly neuropathic from diabetes. The wound dressing at this visit consisted of Cutimed® Sorbact® WCL, followed by an ABD and Comprifore® multi-layer compression wraps for edema reduction.

Day 15, 19 and 26



The wound was again debrided sharply and treated with 35 kHz ultrasound saline irrigation. The wound size had reduced dramatically and the second-degree burn wound in the peripheral area had healed completely by this time. Treatment with Cutimed® Sorbact® WCL, ABD pad, and Comprifore® multi-layer compression wrap continued.

Products featured: Cutimed® Sorbact® WCL and JOBST® Comprifore®

Reference Cutimed® Sorbact® Case Report 9

Treatment of challenging leg ulcers using unique super-absorbent silicone foam dressing, in combination with a multi-layer compression bandage system

Kazu Suzuki, DPM CWS

94 yr. old female presented with right leg ulcer with dry black eschar and hematoma x 3 weeks. She has a past medical history of hypertension, spinal stenosis, and osteoporosis. She was non-ambulatory at this time due to this injury, and she travels in a wheelchair with her caregiver.

Day 1 (initial visit)



Day 7



Day 21



Day 30



Day 44



Products featured: Cutimed® Sorbact® WCL and JOBST® Comprifore®

Reference VLU Therapy Poster 3

Venous ulcer management under pressure with low profile super absorbent dressing for improved peri-wound skin care

Catherine Rogers, APN, BC, CWCN, CWS, FACCWS

Patient 1

Day 1



Hypergranulation, significant peri-wound skin breakdown. Treatment switched to Cutisorb® Ultra plus hydrofiber (already in use with previous absorbent dressing).

Day 4



First dressing change. Peri-wound skin greatly improved in only four days.

Product featured:
Cutisorb® Ultra
JOBST® Comprifore®

Reference VLU Therapy Poster 1

Patient 2

Day 1



Peri-wound skin breakdown, large skin flakes, maceration. Treatment switched to Cutisorb® Ultra plus hydrofiber (already in use with previous absorbent dressing).

Day 7



Moderate drainage, no strikethrough, maceration significantly reduced.

Day 56



Wound much smaller, ongoing healing, low exudate level. Complete, sustained healing expected.

Gelocast®

The original Unna's Boot



- Dries quickly providing a semi-rigid cast
- Soothing calamine reduces skin irritation
- 100% cotton base does not unravel reducing wastage
- Provides high working pressure and lower resting pressure

Size	REF No.	Dressings/Box	HCPCS
3 in. x 10 yds. (8 cm x 9 m)	01052	1	A6456
4 in. x 10 yds. (10 cm x 9 m)	01053	1	A6456
CPT Code	29580–Unna's boot		

UlcerCARE™

Two-part compression system



- Easy to don
- Offers handling by patients or caregivers
- Provides high wearing comfort
- Delivers effective compression
- Available as zippered or non-zippered style

The compression system designed for maximum patient compliance.



	Zippered Stocking and Liner		Stocking and Liner		Liner
Size	Beige Left	Beige Right	Black	Beige	White
S	114485	114520	114510	114479	114500
M	114486	114521	114511	114480	114501
L	114487	114522	114512	114481	114502
XL	114488	114523	114513	114482	114503
2XL	114489	114524	114514	114483	114504
3XL	114532	114530	114506	114484	114505
4XL	114536	114534	114508	114507	114509

Zippered Stocking/Stocking Package contains 2 liners per package
Liner Package contains 3 liners per package

Zipper is placed on the opposite side of the ulcer

UlcerCARE™ System – HCPCS Code A6532

UlcerCARE™ Liner – HCPCS Code A6530

Size	b	c
S	7"–8 1/4"	11 1/2"–13 3/4"
M	8 1/4"–9 1/2"	13 1/4"–16"
L	9 1/2"–10 3/4"	15 3/4"–18 1/2"
XL	10 3/4"–12"	18"–21 1/4"
2XL	12"–13"	19"–22"
3XL	13"–14"	19 3/4"–23"
4XL	14"–15 1/4"	20 1/2"–23 3/4"

Benefits of Using Total Contact Casting

Evidence-based treatment guidelines including consensus documents and Standards of Care agree off-loading is required for the healing of diabetic foot ulcers*¹. Now, the world’s leading casting company brings you two options for your Total Contact Casting (TCC) needs. The Cutimed® Off-Loader and Cutimed® Off-Loader Select Total Contact Casting Systems offer the premium casting materials in an easy to use kit.

*¹Consensus recommendations , Snyder, Kirsner, Laverly, OWM 2010 Guidelines for the treatment of diabetic ulcers, Steed et al. Wound Rep Reg (2006) Wound Healing Society



Evidence-based Results

Total contact casting provides higher percentage of ulcers healed vs other methods of offloading*²

- 90% TCC
- 65% RCW (Removable Cast Walker)
- 58% Half Shoe

*²Armstrong Diabetes Care 2001; 24:1019–22. [RCT]

Total contact casting WORKS to remove the barriers to healing in the Diabetic Foot ulcer

Highest reduction in impact, velocity and duration

- Works to significantly reduce repetitive stress injury
- Works to limit time under stress

Highest reduction in shear forces

- Protects fragile wound bed and wound edges from shear and friction damage
- Reduces inflammation due to repetitive tissue damage

Seals out contaminants and bacteria

- Works to reduce opportunities for infection

Treatment of plantar foot ulcers using Cutimed® Off-Loader Select, a new multi-layer, fiberglass total contact casting kit Christopher L. Barrett, DPM CWS

Week 1



Week 3



Week 4



Product featured:

Cutimed® Off-Loader Select
Reference DFU Poster 1

Female, 64 years old, Type II diabetic, presented with a right foot plantar ulceration of six months duration beneath the second metatarsal head that extended to the joint capsule. It is believed her first metatarsal head resection two years earlier lead to the ulcer formation. A forefoot wedge shoe was being utilized to offload the ulcer. Patient was given the option of pan metatarsal head resection or HBOT with total contact casting. She chose the latter.

At the start of treatment, the patient’s wound measured 1.7 cm × 1.4 cm × 0.2 cm with a central tunnel extending 1.0 cm to the joint capsule. The TCC was applied over the supplied foam dressing for exudate control, and changed weekly. Treatment tolerated without difficulty and examination after removal showed no pressure points or excessive maceration. After the initial cast change, wound had reduced by 2.0 mm reduction in length and width and 50% in tunnel depth. By the second cast change, the central tunnel was completely eliminated and the wound measured 1.0 cm × 0.5 cm × 0.1 cm and was rapidly re-epithelializing. The wound was completely healed by the fourth cast; just 28 days and 19 hyperbaric oxygen treatments after presentation.

A Retrospective Comparison of Healing Rates of Two Total Contact Cast Systems J.D. Lehrman, DPM, FACFAS

Figure 1



Week 1.

Figure 2



Week 4, healed after 3 applications of Traditional TCC.

Product featured:

Cutimed® Off-Loader Select
Reference DFU Poster 2

A total of 24 patients with plantar foot ulcerations were healed.

18 patients healed with use of the Traditional TCC. The average healing time for the Traditional TCC was 3.75 weeks. (2 of these patients required additional TCC applications after they re-ulcerated as a result of insufficient offloading following healing of their original wound. 1 patient went through 3 rounds.) 6 patients healed with use of the Sleeve Roll-on TCC. The average healing time for the Sleeve Roll-on TCC was 8.5 weeks. (2 of these patients required additional TCC applications after they re-ulcerated as a result of insufficient offloading following healing of their original wound.)

Offloading Diabetic Foot Ulcers with the Use of an All Fiberglass Total Contact Casting System Melodie Blakely, PT, MS, CWS and Dot Weir, RN, CWON, CWS

Day 1



Day 10



Day 17



Product featured:

Cutimed® Off-Loader Select
Reference DFU Poster 3

Patient #2 is a 32-year-old male with a 2.5 month history of ulcer over the right great toe. Past Medical History: Type II diabetes, poorly controlled hypertension, asthma, shingles. Surgical History: I&D of right foot abscess in 2011.

Day 1—the wound measured 0.9cm length × 0.7cm width × 0.4cm depth, with an area of 0.63 sq cm and a volume of 0.252 cubic cm. Wound edges were thickened and rolled. There was significant peri-wound callus. Right DP and PT pulses were biphasic. Left DP pulse was biphasic and PT triphasic. There was no clinical appearance of infection. Protective sensation noted to be absent. The wound was sharply debrided and then dressed with a cadexomer iodine topical and dry dressing. A tubular, elastic bandage was applied to manage lower leg edema. A TCC was applied.*

Day 10—the wound measured 0.8cm length × 0.6cm width × 0.3cm depth; with an area of 0.48 sq cm and a volume of 0.144 cubic cm. The same treatment was continued.

Day 17—the wound had completely epithelialized.

Cutimed® Off-Loader Select

Total contact cast system

- 1st choice for wounds not showing significant healing at 4 weeks
- Cost effective
- Reduces inventory
- Complete treatment kit for diabetic foot ulcers
- Reduces shear and friction

Cutimed® Off-Loader Plaster and Synthetic Combination

REF No.	Description	Qty
7800900	Cutimed® Cavity	1 each
	2 × 2 in. Cotton Gauze	4 each
	4 in. Ortho-Flex® Elastic Plaster***	2 rolls
	4 in. Extra Fast Gypsona® S	3 rolls
	3 in. Delta-Lite® Conformable	1 rolls
	4 in. Delta-Lite® Conformable	2 rolls
	3 in. Delta Terry-Net™ Stockinette	1 each
	4 in. Specialist® 100 Cotton Cast Padding	2 rolls
	Delta Terry-Net™ Adhesive Felt	1 each
	Open Cell Foam	1 each

Cutimed® Off-Loader Select Synthetic

REF No.	Description	Qty
7800901	Cutimed® Cavity	1 each
	2 × 2 in. Cotton Gauze	4 each
	3 in. Delta-Lite® Conformable	2 rolls
	4 in. Delta-Lite® Conformable	3 rolls
	3 in. Delta Terry-Net™ Stockinette	1 each
	4 in. Specialist® 100 Cotton Cast Padding	2 each
	Delta Terry-Net™ Adhesive Felt	1 each
	Open Cell Foam	1 each

Canvas Rocker Bottom Cast Shoe (not included)

REF No.	Description	Qty
43101408	Canvas Rocker Bottom Cast Shoe – Small	1 each
43101505	Canvas Rocker Bottom Cast Shoe – Medium	1 each
43101602	Canvas Rocker Bottom Cast Shoe – Large	1 each
43101709	Canvas Rocker Bottom Cast Shoe – X-Large	1 each

***CAUTION: This product contains natural rubber latex which may cause allergic reactions.



Kit components



Cutimed® Cavity is a sterile dressing, made from hydrophilic absorbent polyurethane foam.



Delta Terry-Net™ C cotton stockinette has excellent absorption and conformability. It reduces the risk of bunching in the dorsum of the foot.



Delta Terry-Net™ adhesive felt padding for added protection of bony the bony prominences of the tibia and malleoli.



Specialist® 100 cotton cast padding is soft and made of 100% cotton. It has excellent absorption properties and low loft needed for a total contact cast.



Orthoflex® Elastic Plaster of Parris Bandages that is ideal for difficult casting applications as it conforms well to the body contours. Manufactured with Specialist plaster and an elastic gauze**.



Gypsona® S Plaster of Paris Bandages are made with a creamy plaster that results in a smoother cast, plastic core improves handling.



Delta-Lite® Conformable is a patented fiberglass cast tape that provides unsurpassed conformability, greatly reducing the need to tuck and fold during application.



Perforated open cell foam to protect the toes and allow more breathability than nonperforated foams.



Cotton gauze used between the toes to reduce the risk of skin maceration.

Cutimed® PROTECT

Medical skin protection



- Protects wound margins and peri-wound skin
- Preserves and maintains intact skin
- Prevents maceration and peri-wound skin breakdown
- Promotes dressing adhesion and pain free dressing removal
- Available in foam applicator and spray



Size	REF No.	Pieces/Box	HCPCS
Spray			
28 ml / .95 oz.	7265300	1	A6250
28 ml / .95 oz.	7265301	12	A6250
Foam Applicator			
1 ml / .03 oz.	7265400	5	A6250
1 ml / .03 oz.	7265401	25	A6250
3 ml / 1.1 oz.	7265402	5	A6250
3 ml / 1.1 oz.	7265403	25	A6250

Cutimed® ACUTE

Urea-based skin care



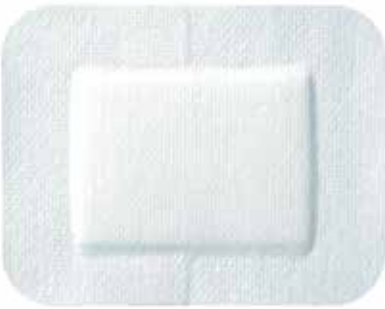
- Absorbs rapidly, penetrates deeply
- Rebalances skin moisture levels
- Re-establishes epidermal barrier function
- Foam mousse is gentle to apply
- Leaves skin smooth and supple
- Does not leave greasy residue
- Matches urea concentration to patient's needs



	Size	REF No.	Pieces/Box	HCPCS
5%	4.23 oz. (125 ml)	7264122	1	A6250
10%	4.23 oz. (125 ml)	7264123	1	A6250

Leukomed®

Composite dressing



- Absorbs 12x its weight
- Non-adherent wound pad
- Permeable to air



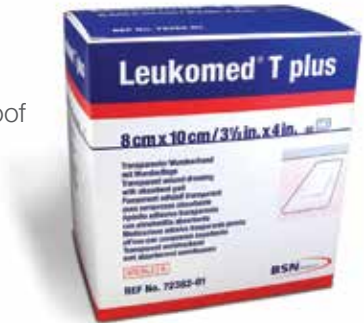
Dressing Size	Wound Pad Size	REF No.	Dressings/Box	HCPCS
3 1/8 x 4 in.	1 1/2 x 2 3/8 in.	7238001	50	A6254
3 1/8 x 6 in.	1 1/2 x 4 3/8 in.	7238002	50	A6254
4 x 7 7/8 in.	2 x 6 3/8 in.	7238003	50	A6254
4 x 10 in.	2 x 8 1/8 in.	7238004	50	A6254
4 x 11 7/8 in.	2 x 9 3/4 in.	7238005	50	A6255
4 x 13 6/8 in.	2 x 11 3/4 in.	7238006	50	A6255

Leukomed® T Plus

Post-op dressing



- Absorbs 12x its weight
- Waterproof and bacteria proof
- Non-adherent wound pad



Pattern coat technology

– ensures high moisture vapor permeability

Dressing Size	Wound Pad Size	REF No.	Dressings/Box	HCPCS
2 x 3 in.	1 1/8 x 1 1/2 in.	7238200	50	A6203
3 1/8 x 4 in.	1 1/2 x 2 3/8 in.	7238201	50	A6203
3 1/8 x 6 in.	1 1/2 x 4 3/8 in.	7238202	50	A6203
4 x 7 7/8 in.	2 x 6 3/8 in.	7238214	50	A6203
4 x 10 in.	2 x 8 1/8 in.	7238203	50	A6204
4 x 11 7/8 in.	2 x 9 3/4 in.	7238204	50	A6204
4 x 13 6/8 in.	2 x 11 3/4 in.	7238205	50	A6204

Coverlet®

Extremely absorbent bandages



- Absorbs liquid faster than competitors^{1*}
- Absorbs 10x its own weight in water
- 360-degree adhesive keeps wounds clean



Size	Strips	REF No.	Dressings/Box	HCPCS
3/4 x 3 in.		00230	100	A6413
1 x 3 in.		00231	100	A6413
1 x 3 in.		76448000	300	A6413
7/8 in. round		00301	100	A6413
1 1/4 in. oval		00303	100	A6413
1 1/2 x 2 in.		00330	100	A6413
2 x 3 in.		00340000	50	A6413
4 x 2 3/4 in.		7801000	50	A6413
1 1/2 x 3 in.		01390	100	A6413
2 1/2 x 1 3/8 in.		00801	100	A6413
Sm. finger tip		01306	100	A6413
Lg. finger tip		01307	50	A6413
3 x 3 in.		00385	50	A6413

¹Laboratory testing results are intended to illustrate a product's performance under controlled conditions. Actual use results may vary.



Leukomed® T

Transparent film dressing – sterile



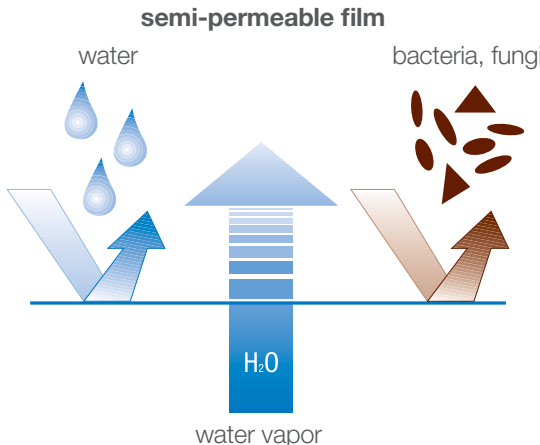
- Waterproof and bacteria proof
- Permeable to water vapor and air
- Easy-to-use

Pattern coat technology
– ensures high moisture vapor permeability

Size	REF No.	Dressings/Box	HCPCS
3 × 2 in.	7238100	50	A6257
3 1/8 × 4 in.	7238101	50	A6257
4 × 4 3/4 in.	7238108	50	A6258
4 1/4 × 5 1/2 in.	7238102	50	A6258
6 × 7 7/8 in.	7238109	50	A6258
6 × 10 in.	7238110	50	A6259

Fixomull® transparent

Waterproof wide-area fixation dressing – non-sterile



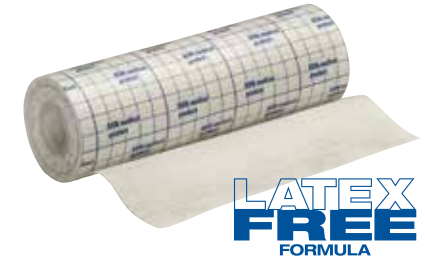
- Used in a wide variety of applications
- Protects from both internal and external factors
- Soil-resistant

Size	REF No.	Dressings/Box	HCPCS
2 in. × 10.9 yds.	7221600	1 roll	A6257
4 in. × 10.9 yds.	7221601	1 roll	A6258
6 in. × 10.9 yds.	7221602	1 roll	A6259

Fixomull® transparent is a non-sterile transparent film. If covering an open wound, a primary dressing needs to be applied first.

Cover-Roll®

Adhesive fixation dressing

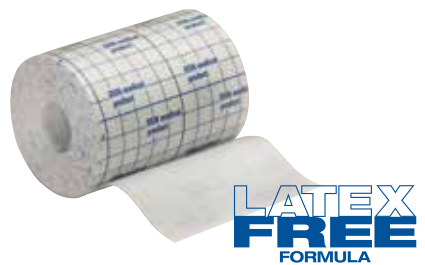


- Acrylic adhesive dissolves in the presence of alcohol ensuring reduced skin irritation
- Air and moisture permeable reducing the risk of macerations
- Efficient for large wounds as the dressing is firmly secured on all sides
- Radio-transparent

Size	REF No.	Dressings/Box	HCPCS
2 in. × 10 yds.	02034	1 roll	A6448
4 in. × 10 yds.	02035	1 roll	A6449
6 in. × 10 yds.	02041	1 roll	A6450
8 in. × 10 yds.	02042	1 roll	A6450

Cover-Roll® Stretch

Conforming, adhesive fixation dressing



- Soft, stretchable non-woven polyester material adapts well to body contours
- Provides light compression without causing constriction or congestion
- The polyacrylate adhesive holds dressing safely and reliably in place
- Radio-transparent

Size	REF No.	Dressings/Box	HCPCS
2 in. × 2 yds.	45547	1 roll	A6448
4 in. × 2 yds.	45548	1 roll	A6449
6 in. × 2 yds.	45549	1 roll	A6450
8 in. × 2 yds.	45550	1 roll	A6450
12 in. × 2 yds.	45551	1 roll	A6450
2 in. × 10 yds.	45552	1 roll	A6448
4 in. × 10 yds.	45553	1 roll	A6449
6 in. × 10 yds.	45554	1 roll	A6450
8 in. × 10 yds.	45555	1 roll	A6450
12 in. × 10 yds.	45556	1 roll	A6450

Elastomull®

Elastic gauze bandage



- High density fabric for a soft, rich texture
- Superior performance and stretchability for controlling bleeding and edema
- Precision fit in areas with constant movement
- Helps ensure no slippage

Size	REF No.	Dressings/Bag	HCPCS
Non-sterile			
1 in. × 4.1 yds.	02088000	24 rolls	A6448
2 in. × 4.1 yds.	02089000	12 rolls	A6448
3 in. × 4.1 yds.	02101000	12 rolls	A6449
4 in. × 4.1 yds.	02102000	12 rolls	A6449
6 in. × 4.1 yds.	02103000	6 rolls	A6450
Sterile			
1 in. × 4.1 yds.	02075001	12 rolls	A6448
2 in. × 4.1 yds.	02076001	12 rolls	A6448
3 in. × 4.1 yds.	02070001	12 rolls	A6449
4 in. × 4.1 yds.	02071001	12 rolls	A6449
6 in. × 4.1 yds.	02072001	6 rolls	A6450

Tensogrip®

Elastic tubular stockinette



- Easy to apply
- Exerts even pressure and compression
- Washable and reusable
- Wide range of sizes

Size	REF No.	Rolls/Box	HCPCS
1.75 in x 11 yds	7579	1 roll	A6457
2.5 in x 11 yds	7580	1 roll	A6457
2.75 in x 11 yds	7581	1 roll	A6457
3 in x 11 yds	7582	1 roll	A6457
3.5 in x 11 yds	7583	1 roll	A6457
4 in x 11 yds	7584	1 roll	A6457
4.5 in x 11 yds	7585	1 roll	A6457
7 in x 11 yds	7586	1 roll	A6457
8.5 in x 11 yds	7587	1 roll	A6457
12.75 in x 11 yds	7588	1 roll	A6457
2.5 in x 11 yds	7580FL	1 roll	A6457
2.75 in x 11 yds	7581FL	1 roll	A6457
3 in x 11 yds	7582FL	1 roll	A6457
3.5 in x 11 yds	7583FL	1 roll	A6457
4 in x 11 yds	7584FL	1 roll	A6457
4.5 in x 11 yds	7585FL	1 roll	A6457

Tensoshape®

Elastic tubular bandage



- Easy to apply
- Anatomical design exerts even pressure and compression
- General light support for treatment of minor soft tissue and injuries

Tensoshape® – Below the Knee

Size	Limb Measurement	REF No.	Unit of Measure	HCPCS
Small (B/C)	12.5 in x 14 ft	7589	10 / case	A6449
Medium (C/D)	13.7 in x 15.2 ft	7590	10 / case	A6449
Large (D/E)	14.8 in x 16.4 ft	7591	10 / case	A6449

Tensoshape® – Full Leg

Size	Limb Measurement	REF No.	Unit of Measure	HCPCS
Small (B/C)	12.5 in x 14 ft	7592	10 / case	A6449
Medium (C/D)	13.7 in x 15.2 ft	7593	10 / case	A6449
Large (D/E)	14.8 in x 16.4 ft	7594	10 / case	A6449
Extra Large (D/E)	16 in x 17.6 ft	7595	10 / case	A6449



Training & Education

In addition to the highest quality products and service, BSN medical has an ongoing commitment to ensure a comprehensive range of training and education options based on customer needs. Our programs are designed to optimize educational support so that resources supporting our products are equipped with the latest clinical techniques and cost-effective use. Training is offered in a variety of forms including hands-on workshops, skill labs, manuals, and videos.

Please contact Customer Service or your local BSN medical Sales Rep for more information.

BSN medical, Inc.
Toll-Free: (800) 552 1157
Fax: (704) 358 4558
Email: BSN.Orders@BSNmedical.com

Earn & Learns

BSN medical offers Advanced Wound Care learning centers across the US.

- **Chronic Wound Healing**
 - Cutimed® Sorbact® – Hydrophobic Dressings
- **Venous Leg Ulcers – Hands-On**
 - JOBST® Comprifore® Multi-Layer Compression Bandaging
 - Gelocast® – The Original Unna’s Boot
 - JOBST® **UlcerCARE™** (2-in-1 Compression System)
- **Diabetic Foot Ulcers – Hands-On**
 - Cutimed® Off-Loader (Total Contact Casting)

Allevyn is a registered trademark of Smith & Nephew PLC.
Biatain is a registered trademark of Coloplast UK Ltd.

SUGGESTED HCPCS CODES

This document includes codes that might be used to bill for BSN medical products and related services. Each provider will have to verify the appropriate codes for each patient. It is the provider's sole responsibility to determine and submit appropriate codes, charges and modifiers for services rendered. Providers should contact insurers to verify correct coding procedures prior to submitting claims related to any product or service. BSN medical Inc. cannot guarantee coverage or reimbursement with the codes listed in this billing guide. In all cases, providers will need to follow local payer policies for billing and reimbursement.

NOTE: Please refer to the product label and/or package insert for full instructions on safe use of these products.

BSN medical Inc. 5825 Carnegie Blvd. Charlotte, NC 28209-4633
Tel. (+1) 704 554 9933 Fax (+1) 704 358 4558 www.bsnmedical.com
To order toll-free: BSN medical (+1) 800 552 1157

