









COMPRESSION WRAP ORDER FORM







Patient Name _____ Date _____


Patient Phone _____ DOB _____ Diagnosis _____

Extremity Left Right Pair Qty _____ Length of Need _____ purchase _____

Compression:	<input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> Support 15-20 mmHg Aching/Fatigued Legs, mild Edema, mild ankle and foot Pregnancy, prophylactic Varicosity, mild	<input type="checkbox"/> 30-40 mmHg Aching/Fatigued Legs Burn Scar Management DVT Edema, mild Hypertrophic Scar, Lymphedema, mild Lipedema Pregnancy Sclerotherapy, post Varicosity, moderate Venous Insufficiency, mild Venous Ulcers,	<input type="checkbox"/> 40-50 mmHg Burn Scar Management DVT / Post Thrombotic, Edema, moderate Lymphedema, moderate Lipedema Orthostatic Hypotension Phlebectomy, post Pregnancy, pronounced varicosities or edema Sclerotherapy, post Surgical, post Varicosity, severe Venous Insufficiency, moderate Venous Ulcers	<input type="checkbox"/> 50+ mmHg Edema, severe Lymphedema, severe Lipedema Venous Insufficiency, severe Post Thrombotic Venous Ulcers (Active), Elephantiasis Lymphedema, severe Post Thrombotic, severe
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Style:	<input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Silver	 <input type="checkbox"/> knee	 <input type="checkbox"/> thigh	 <input type="checkbox"/> thigh w/ hip attach	 <input type="checkbox"/> pantyhose	 <input type="checkbox"/> maternity pantyhose	 <input type="checkbox"/> legging	 <input type="checkbox"/> arm sleeve	 <input type="checkbox"/> hand gauntlet
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Compression Wrap:	 <input type="checkbox"/> foot	 <input type="checkbox"/> calf	 <input type="checkbox"/> knee	 <input type="checkbox"/> thigh	 <input type="checkbox"/> arm	 <input type="checkbox"/> hand	Measurement Guide on Reverse Side
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Juzo Ulcer Pro:	 <input type="checkbox"/> ulcer pro	Compression stocking and liner to help improve circulation and aid in wound care management.	Donning Aids:	<input type="checkbox"/> Slippie Gator Set <input type="checkbox"/> Arm Sleeve Slippie <input type="checkbox"/> Easy Slide <input type="checkbox"/> Easy Slide Arm <input type="checkbox"/> Magnide <input type="checkbox"/> Sim Slide
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Physician's Signature - DISPENSE AS WRITTEN (no substitutions) _____

Physician Name _____

Physician Address _____

Physician's Phone Number _____

NPI / License # _____



FAX ORDER:
800-886-4201

