



## **DVT PUMP REFERRAL INSTRUCTIONS**

- COMPLETE and SIGN DVT PRESCRIPTION FORM**
- FAX items below to: (800)886-4201**
  - **SIGNED DVT Written Order/RX FORM**
  - **DEMOGRAPHIC SHEET** (Patient insurance, address, phone, DOB)
  - **SIGNED PROGRESS NOTES** with DVT Risk Assessment Factors



**PH: 800.883.1549**

**FAX: 800.886.4201**

**[info@midwestcompression.com](mailto:info@midwestcompression.com)**