Prescription for Graduated Medical Compression Garments

STEP 1 | PATIENT INFORMATION

PLEASE FILL IN THE INFORMATION BELOW

Patient Name ____________________________________________________________

Date _________________________________________________________________________

Diagnosis: ____________________________________________________________________
(required at time of appointment for insurance reimbursement)

STEP 2 | PHYSICIAN

Physician Signature: _______________________________________________________

Physician Name (please print): __________________________________________________________________

MD/PCP’s NPI# _______________________________________________________________________

STEP 3 | TYPE

Compression: Ready to Wear
Mean compression for average ankle size
☐ 15-20 mmHg (moderate)
☐ 20-30 mmHg (firm)
☐ 30-40 mmHg (extra firm)

Compression: Custom
______________ mmHg
(indicate compression)

☐ Pair  ☐ Right  ☐ Left
☐ Sleeve  ☐ Gauntlet  ☐ Glove
☐ Knee  ☐ Thigh  ☐ Chaps
☐ Waist  ☐ Maternity
☐ Night Garment

Quantity: __________________
(3 pairs, unless otherwise noted)

Therapy & Product Guide
All ranges stated are the mean compression for an average ankle size.

<table>
<thead>
<tr>
<th>Compression Levels</th>
<th>15-20 mmHg (moderate)</th>
<th>20-30 mmHg (firm)</th>
<th>30-40 mmHg (extra firm)</th>
<th>40+ mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>minor varicosities</td>
<td>moderate to severe varicosities</td>
<td>severe varicosities</td>
<td>severe varicosities</td>
</tr>
<tr>
<td></td>
<td>minor varicosities during pregnancy</td>
<td>post surgical</td>
<td>severe edema</td>
<td>severe edema</td>
</tr>
<tr>
<td></td>
<td></td>
<td>moderate edema</td>
<td>lymphatic edema</td>
<td>lymphatic edema</td>
</tr>
<tr>
<td></td>
<td>tired, aching legs</td>
<td>post sclerotherapy</td>
<td>management of active venous ulcerations</td>
<td>management of active venous ulcerations</td>
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<tr>
<td></td>
<td>minor ankle, leg and foot swelling</td>
<td>helps prevent recurrence of venous ulcerations</td>
<td>helps prevent recurrence of venous ulcerations</td>
<td>manage manifestations of PTS; CVD/CVI</td>
</tr>
<tr>
<td></td>
<td>post sclerotherapy</td>
<td>moderate to severe varicosities during pregnancy</td>
<td>manage manifestations of PTS; CVD/CVI</td>
<td>orthostatic hypotension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>superficial thrombophlebitis</td>
<td>helps prevent post thrombotic syndrome</td>
<td>post phlebitic syndrome</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>orthostatic hypotension</td>
<td>chronic venous insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>post surgical</td>
<td>post sclerotherapy</td>
</tr>
</tbody>
</table>

Note to Patient: If you select Home Care Medical as your provider, please call for an appointment and bring this prescription with you.

Home Care Medical
5665 South Westridge Drive
New Berlin, Wisconsin 53151
Ph 262.786.9870
homecaremedical.com

Milwaukee Retail Store 4818 South 76th Street | Ph 414.423.8800 | Fax 414.423.8897
Sheboygan Retail Store 2922 South Business Drive | Ph 920.458.5768 | Fax 920.458.5791
West Bend Retail Store 1709 South 18th Avenue | Ph 262.957.5501 | Fax 262.334.3167

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