

**MEDICAL COMPRESSION  
GARMENT PRESCRIPTION**



**FAX:866-984-3831**

DOB: \_\_\_\_\_

Order Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Body Part \_\_\_\_\_ R L B

Fitting your patient with the right garment is our specialty. Do you have a style in mind? **Indicate below:**

- |   | QTY    |                                      | QTY    |
|---|--------|--------------------------------------|--------|
| <input type="radio"/> Knee high                 | x ____ | <input type="radio"/> Arm sleeve     | x ____ |
| <input type="radio"/> Thigh high                | x ____ | <input type="radio"/> Glove/Gauntlet | x ____ |
| <input type="radio"/> Pantyhose                 | x ____ | <input type="radio"/> Shirt/Tank/Bra | x ____ |
| <input type="radio"/> Biker short/capri/legging | x ____ | <input type="radio"/> Head/Neck      | x ____ |

Other: \_\_\_\_\_

**Indicate Compression Level:**

COMPRESSION LEVEL	INDICATION
<input type="radio"/> 15-20mmHG	Preventative compression or fragile skin
<input type="radio"/> 20-30mmHG	Mild varicosities, mild venous insufficiency, or Stage 1-2 lymphedema
<input type="radio"/> 30-40mmHG	Moderate varicosities, moderate venous insufficiency, stage 2-3 lymphedema

Anything you would like us to know to better serve your patient?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prescriber's name or NPI: \_\_\_\_\_

Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PH: (812) 303-3831 • FAX: (866) 984-3831**

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**BY APPOINTMENT ONLY**



Phone: 812-303-3831

Fax: 866-984-3831

Info@comfortcompression.com

Face Sheet or Demographic information

Name, phone, DOB, Insurance, MD

Order indicating Body part, R/L, Number of garments requested;

If you know brand, size, etc.. please include here

You may send not signed and we will send for signature

Clinical Notes that include stage of lymphedema and a Qualifying Diagnosis

Q82.0 Hereditary lymphedema

I89.0 Lymphedema, not elsewhere classified

I97.2 Postmastectomy lymphedema syndrome

I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified

For custom Garments: note must include why custom garment is required.

Coverage Information given to:      Patient      Ordering Clinician

Garments should be delivered to:      Patient      Ordering Clinician

or

Patient wishes to be fit at Comfort Compression, please call patient to schedule appointment.