Compression Order **FAX: 866-984-3831** **Referral@comfortcompression.com**

Date: _____ **Diagnosis:** ☐ I89.0 ☐ Q82.0 ☐ I97.2 ☐ I97.89 ☐ **Other:** _____

Patient name: _____ **DOB:** _____

Patient cell: _____ **Email:** _____

Area being treated: Upper Body Lower Body Trunk Head/Neck ☐ **B** ☐ **R** ☐ **L**

# of refills per 12 months: _____ ☐ 18-30 mmHg ☐ 30-40 mmHg ☐ 40 or greater

Lower Extremity:

- ☐ Knee High: Custom/RTW Qty _____
- ☐ Thigh high: Custom/RTW Qty_____
- ☐ Waist Length: Custom/RTW Qty_____
- ☐ Genital: Custom/RTW Qty_____
- ☐ Toe caps: Custom/RTW Qty_____
- ☐ Wrap below knee Qty_____
- ☐ Wraps full leg Qty_____
- ☐ Wrap above thigh Qty_____
- ☐ Wrap foot Qty_____
- ☐ Compressive Liners Qty _____

Trunk:

- ☐ Bra: Custom/RTW Qty_____
- ☐ Shirt/tank: Custom/RTW Qty_____
- ☐ Head/neck: Custom/RTW Qty_____

Upper extremity:

- ☐ Gauntlet: Custom/RTW Qty_____
- ☐ Glove: Custom/RTW Qty_____
- ☐ Sleeve: Custom/RTW Qty_____
- ☐ Glove/sleeve combo Qty_____
- ☐ Compression wrap arm: Qty _____

☐ **Accessories:**

_____

Nighttime:

- ☐ Glove: Custom/RTW Qty _____
- ☐ Sleeve: Custom/RTW Qty _____
- ☐ Lower leg/foot: Custom/RTW Qty___
- ☐ Full leg/foot: Custom/RTW Qty_____
- ☐ Bra: Custom/RTW Qty____

Notes: _____

MD Name: **NPI:** _____ **Fax:** _____

MD Signature: _____ **Date:** _____

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.