Custom Compression Order

FAX: 866-984-3831
Referral@comfortcompression.com

Custom / made-to-measure items only. Custom requires documentation that ready-to-wear will not fit or contain the limb.

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

Patient name: _____ **DOB:** _____

Patient cell: _____ **Email:** _____

Area being treated: _____ **Laterality:** ☐ Left ☐ Right ☐ Bilateral

Compression class: ☐ 20-30 mmHg ☐ 30-40 mmHg ☐ 40+ mmHg *(HCPCS shown per item, low → high compression class)*

LOWER EXTREMITY (custom)

- ☐ Knee High A6610 / A6553 / A6555 Qty _____
- ☐ Thigh High A6556 / A6557 / A6558 Qty _____
- ☐ Waist Length A6562 / A6563 / A6564 Qty _____
- ☐ Genital A6571 Qty _____
- ☐ Toe Caps A6573 Qty _____
- ☐ Wrap (custom) - note site A6584 Qty _____
- ☐ Compressive Liner A6594 Qty _____

TRUNK (custom)

- ☐ Shirt / Tank / Bra A6569 Qty _____
- ☐ Head / Neck A6567 Qty _____

UPPER EXTREMITY (custom)

- ☐ Glove A6579 / A6580 Qty _____
- ☐ Sleeve A6576 / A6577 Qty _____
- ☐ Glove/Sleeve combo A6574 Qty _____
- ☐ Compressive Liner A6595 Qty _____

NIGHTTIME (custom)

- ☐ Glove A6521 Qty _____
- ☐ Sleeve A6523 Qty _____
- ☐ Lower leg / foot A6525 Qty _____
- ☐ Full leg / foot A6527 Qty _____
- ☐ Bra (night) A6529 Qty _____

ACCESSORIES

— check every accessory needed; each must appear on this order to be billable

- ☐ Donning / doffing supplies (butler, donner, gloves, slips, loops, pull tabs)
- ☐ Oversleeves / powersleeves (RTW or custom night profile)
- ☐ Silicone / grip-top band
- ☐ Liner / lining
- ☐ Padding, foam & fillers (lymph pads, swell spots, post-lump / mastectomy / neck pads)
- ☐ Zipper & closures (hook-&-eye, EZ-open panel, Velcro extenders)
- ☐ Toe / heel / foot mods (open or closed toe, hallux, hallux ease, steep oblique ending, T-heel, sole ext., non-skid)
- ☐ Waistband / extension
- ☐ Ankle / knee comfort zones
- ☐ Adhesive glue
- ☐ Tribute Night modifications (pull-up loop, snap tape, non-skid pad, Velcro)
- ☐ Other: _____

Accessory medical necessity (check all that apply):

- ☐ Reduced grip / dexterity
- ☐ Protect skin / prevent breakdown
- ☐ Even limb contour / fill
- ☐ Prevent slippage / secure fit
- ☐ Ease donning / doffing
- ☐ Other: _____

Reason custom is required (why RTW won't fit / contain the limb):

_____

_____

Notes: _____

Provider name: _____ **NPI:** _____ **Fax:** _____

Signature: _____ **Date:** _____

Before you send — documentation reminders

- A qualifying diagnosis (I89.0 / I97.2 / I97.89 / Q82.0) must appear in the treating provider's chart note — not on this order alone.
- List every accessory above and document its medical need (e.g., donning aid - reduced grip; liner - prevent skin breakdown).