ALL AMERICAN Medical Supply Corp.
Specializing in Ready-to-Wear Compression Garments

Fax to: (516) 452-5095 or
Email to: medicalrecords@aa-medsupply.com

Standard Written Order - Medical Compression

1

Order Date:_____/_____/_______ Patient Name: ____

Patient Phone: (____) _____-_________ Date of Birth: _____ /_____ /_______

2 DIAGNOSIS

❑ I87.2 Venous Insufficiency
❑ I87.323 Venous Hypertension
❑ R60.0 Localized Edema
❑ I89.0 Lymphedema
❑ I73.9 Peripheral Vascular Disease
❑ Z86.718 History of Other DVT / Embolism
❑ I83.811 Varicose Veins of RLE w/Pain
❑ I83.812 Varicose Veins of LLE w/ Pain
❑ I83.813 Varicose Veins of BLE w/ Pain
❑ I83.893 Varicose Veins of BLE w/ Other Complications
❑ Q82.0 Hereditary Lymphedema
❑ I 97.2 Post Mastectomy Syndrome
❑ ____

3 COMPRESSION LEVEL

❑ 15-20 mmHg (Retail Only) ❑ 18-30 mmHg ❑ 30-40 mmHg ❑ 40-50 mmHg ❑ ________ mmHg

4 STYLE

❑ Knee High ❑ Thigh High ❑ Waist High / Pantyhose ❑ Maternity Waist High ❑ Thigh High-Chap Style
❑ Closed Toe ❑ Open Toe ❑ Silicone Grip Top
❑ Arm Sleeve ❑ Gauntlet ❑ Glove
❑ Inelastic Wraps (Specify One or More) ❑ Calf (30-50 mmHg) ❑ Foot ❑ Thigh ❑ Arm Wraps

5 QUANTITY

***Please document in your chart note the type and strength of the stocking being ordered.**

***Please note that when ordering compression garments, 1 Unit (Ea) = 1 Sock , 2 Units = 1 pair of socks**

Number of Units_______________ Number of Refills_______________ ☐ 3 Month Supply

❑ Bilateral ❑ Right ❑ Left

6 ADDITIONAL COMMENTS ____

7

Physician's Name:____ NPI: ________________

Physician's Phone Number: (____) _____-_________

Physician's Signature:____ Date: _____/_____/_______