

## Standard Written Order - Medical Compression

**1** Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Name: \_\_\_\_\_

Patient Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2 DIAGNOSIS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> I87.2 Venous Insufficiency                           | <input type="checkbox"/> I87.323 Venous Hypertension  | <input type="checkbox"/> R60.0 Localized Edema                   |
| <input type="checkbox"/> I89.0 Lymphedema                                     | <input type="checkbox"/> I73.9 Peripheral Vascular Disease  | <input type="checkbox"/> Z86.718 History of Other DVT / Embolism |
| <input type="checkbox"/> I83.811 Varicose Veins of RLE w/Pain                 | <input type="checkbox"/> I83.812 Varicose Veins of LLE w/ Pain  | <input type="checkbox"/> I83.813 Varicose Veins of BLE w/ Pain   |
| <input type="checkbox"/> I83.893 Varicose Veins of BLE w/ Other Complications |   | <input type="checkbox"/> Q82.0 Hereditary Lymphedema             |
| <input type="checkbox"/> I97.2 Post Mastectomy Syndrome                       | <input type="checkbox"/> I97.9 Other Postprocedural Complications and Disorders of the Circulatory System, Not Elsewhere Classified |  |

### 3 COMPRESSION LEVEL

- 20-30 mmHg     30-40 mmHg     40-50 mmHg     \_\_\_\_\_ mmHg

### 4 Lower Extremity Garments

- Knee High  
 Thigh High  
 Thigh High (Chaps Style)  
 Waist High/ Pantyhose  
 Maternity Pantyhose  
 Open Toe     Closed Toe

**Quantity:**

Number of Units: \_\_\_\_\_

Refills: \_\_\_\_\_

- 3 Month Supply  
 Bilateral     Right     Left

### Upper Extremity Garments

- Arm Sleeve w/Silicone Band  
 Arm Sleeve w/o Silicone Band  
 Gauntlet  
 Glove

**Quantity:**

Number of Units: \_\_\_\_\_

Refills: \_\_\_\_\_

- 3 Month Supply  
 Bilateral     Right     Left

### Inelastic Velcro Wraps

- Calf (Ankle to below Knee)  
 Foot (Foot to Ankle)  
 Toe Caps  
 Knee  
 Thigh (Above Knee to Thigh)  
 Full Leg (Ankle to Thigh)  
 Arm (Wrist to Axilla)  
 Liners

**Quantity:**

Number of Units: \_\_\_\_\_

Refills: \_\_\_\_\_

- 3 Month Supply  
 Bilateral     Right     Left

### Nighttime Garments

Medicare allows 2 night garments per limb, every two years

- Upper Extremity Arm  
 Upper Extremity Hand  
 Upper Extremity Arm/Hand  
 Lower Leg and Foot  
 Full Leg and Foot

**Quantity:**

Number of Units: \_\_\_\_\_

- Bilateral     Right     Left

### 5 ADDITIONAL COMMENTS \_\_\_\_\_

**6** Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_