



PHYSICIAN'S  
PRESCRIPTION



the  
compression  
store

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Email info@thecompressionstore.com

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT ADDRESS \_\_\_\_\_ APT/UNIT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ PHYSICIAN NPI \_\_\_\_\_

**COMPRESSION THERAPY LOWER EXTREMITY** **DIAGNOSIS**

 Calf <input type="checkbox"/>	 Thigh <input type="checkbox"/>	 Thigh w/Waist <input type="checkbox"/> L <input type="checkbox"/> R	 Pantyhose <input type="checkbox"/>	 Maternity Pantyhose <input type="checkbox"/>
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- (I83.10) VV Of Unspecified Lower Extremity With Inflammation
- (I83.813) VV Of Bilateral Lower Extremities With Pain
- (I83.819) Varicose Veins of unspecified lower Extremities with pain
- (I83.90) Asymptomatic VV Of Unspecified Lower Extremity
- (I83.93) Asymptomatic VV Of Bilateral Lower Extremities
- (I87.2) Venous Insufficiency (chronic) (peripheral)
- (R60.9) Edema Unspecified
- (O22.00) VV Of Lower Extremity In Pregnancy, Unsp. Trimester

**COMPRESSION WRAP**

 Toe Velcro Wrap <input type="checkbox"/>	 Foot Velcro Wrap <input type="checkbox"/>	 Calf Velcro Wrap <input type="checkbox"/>	 Knee Velcro Wrap <input type="checkbox"/>	 Thigh Velcro Wrap <input type="checkbox"/>
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- (I89.0) Lymphedema
- (I89.1) Lymphangitis
- (I89.8) Oth Noninfective Disorders of Lymphatic Vessels and Nodes
- (I89.9) Noninfective disorder of lymphatic vessels and nodes, unsp.
- (I97.89) Surgical Lymphedema
- (L03.114) Cellulitis
- (L57.8) Radiation Lymphedema
- (Q82.0) Hereditary Lymphedema
- Other Diagnosis \_\_\_\_\_

**NIGHTTIME GARMENTS**

 Below Knee <input type="checkbox"/>	 Thigh High <input type="checkbox"/>	 Chip Pad Style: _____
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- Right  Left  Bilateral
- .....
- Flat Knit  Circular Knit
- .....
- Length of need: \_\_\_\_\_
- .....
- Qty:  4  2
- Refill:  1  2  3  4

**CUSTOMIZATION**

- Silicone \_\_\_\_ CM
- Open Toe *or*  Closed Toe
- Straight *or*  Lateral Rise
- Outer Jacket
- Lymph Pad
- Silk
- Silver
- Comfort Zones:  Instep  Knee
- Pocket:  Instep  Knee
- Channels:  Chevron  Vertical
- Adjustable Waist Band
- Pull Up Loops
- Velcro
- Zipper

**SPECIAL INSTRUCTIONS**

**Brands**  No Preference  Juzo  JOBST  Jobst  FarrowMed  THERAFIRM

SIGVARIS - SOLARIS  CIRCAD  medi  SIGVARIS - COMPREFLEX

**Ready Made (Choose One)**  CL I: 15 -20 mmHg  CL II: 20 - 30 mmHg  CL III: 30 - 40 mmHg

**Custom Compression (Choose One)**  CCL I: 15 -21 mmHg  CCL II: 23 - 32 mmHg  CCL III: 34 - 46 mmHg

NYC HOURS OF OPERATION	BROOKLYN
Sunday: 11am – 3pm	Surgical Sock Shop Inc.
Monday – Thursday: 9am – 6pm	5818 13th Avenue, Brooklyn, NY 11219
Friday: 9am – 3pm	Tel: 718.436.7880 Fax: 718.871.9451
	Email: rx@supportsockshop.com

## GRADUATED MEDICAL COMPRESSION STOCKINGS

- 15-20 mmHg
- Heavy, fatigued legs
  - Prophylaxis during pregnancy
  - Prophylaxis for legs predisposed to risk
  - Long hours of standing or sitting
- 20-30 mmHg
- Heavy, fatigued, tired, aching legs
  - Mild varicosities during pregnancy
  - Mild varicosities with minimal edema
  - Minimal edema
  - Post-sclerotherapy of small veins
  - Mild primary lymphedema after decongestant therapy to maintain reduction, secondary lymphedema or moderate edema
- 30-40 mmHg
- Moderate to severe varicosities with mild edema during pregnancy
  - Mild varicosities with moderate edema
  - Post fracture, Post traumatic edema
  - Afert sclerotherapy or phlebectomy of larger veins or after vein stripping to maintain treatment success
  - Primary venous ulcer treatment
  - CVI Grades I and II
  - DVT or Post Thrombotic Syndrome
  - Mild primary lymphedema after decongestant therapy to maintain reduction, secondary lymphedema or moderate edema

### PARTICIPATING PROVIDERS



### CERTIFIED DEALER

