



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 UPPER EXTREMITY** **DIAGNOSIS**

 Gauntlet <input type="checkbox"/>	 Glove <input type="checkbox"/>	 Arm Sleeve <input type="checkbox"/>	 Gauntlet w/Sleeve Combo <input type="checkbox"/>	 Glove w/Sleeve Combo <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.
- (I97.2) Postmastectomy Lymphedema Syndrome
- (I97.89) Surgical Lymphedema
- (L03.114) Cellulitis
- (L57.8) Radiation Lymphedema
- (Q82.0) Hereditary Lymphedema
- Other Diagnosis \_\_\_\_\_

**NIGHTTIME GARMENTS**

 Glove <input type="checkbox"/>	 Fingertips to Axilla <input type="checkbox"/>	 Wrist to Axilla <input type="checkbox"/>	 Adjustable Nighttime Garment w/Velcro <input type="checkbox"/>	 Chip Pad <input type="checkbox"/> Style: _____
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

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPRESSION WRAP** **COMPRESSION BRA** **CUSTOMIZATION**

 Hand Velcro Wrap <input type="checkbox"/>	 Arm Velcro Wrap <input type="checkbox"/>	 Bellisse Compression Bra <input type="checkbox"/>	 ABC 519 Compression Bra <input type="checkbox"/>
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Right  Left  Bilateral  
 Flat Knit  Circular Knit  
 Length of Need: \_\_\_\_\_  
 Qty:  4  2  
 Refill:  1  2  3  4

- Silicone \_\_\_\_ CM
- Extended Wrist
- Shoulder Strap / Cap
- Outer Jacket
- Vented Glove
- Web Spacer
- Comfort Zones:
  - Thumb Web
  - Wrist
  - Elbow
- Pocket:  Dorsal  Palmar
- Pull Tabs
- Zipper
- Velcro

**Brands**  No Preference          THERAFIRM

 - SOLARIS       - 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
<p>Sunday: 11am – 3pm</p> <p>Monday – Thursday: 9am – 6pm</p> <p>Friday: 9am – 3pm</p>	<p>Surgical Sock Shop Inc.</p> <p>5818 13th Avenue, Brooklyn, NY 11219</p> <p>Tel: 718.436.7880 Fax: 718.871.9451</p> <p>Email: rx@supportsockshop.com</p>

## RTW/CIRCULAR KNIT

- 15-20 mmHg
  - Early intervention
  - Exercise
  - Post Op
  - Preventative
  - Traveling
  
- 20-30 mmHg
  - Mild to moderate lymphedema
  - Post sclerotherapy
  - Prevention of post thrombotic syndrome
  
- 30-40 mmHg
  - Difficulty tolerating flat knit
  - Moderate to severe lymphedema

## CUSTOM/FLAT KNIT

- 15-21 mmHg
  - Mild to moderate lymphedema
  
- 23-32 mmHg
  - Moderate to severe lymphedema
  
- 34-46 mmHg
  - Severe lymphedema

## GLOVES

- 15-20 mmHg
  - Arthritis
  - Carpal tunnel syndrome
  - Early intervention
  - Exercise
  - Mild to moderate lymphedema
  - Post op
  - Preventative
  - Traveling
  
- 20-30 mmHg
  - Moderate to severe lymphedema

### PARTICIPATING PROVIDERS



### CERTIFIED DEALER

