



PHYSICIAN'S
PRESCRIPTION



the
compression
store

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DATE _____

PATIENT NAME _____

PATIENT ADDRESS _____

PHYSICIAN NAME _____

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"/>	<input type="checkbox"/> (I89.0) Lymphedema <input type="checkbox"/> (I89.1) Lymphangitis <input type="checkbox"/> (I89.8) Oth noninfective disorders of lymphatic vessels and nodes <input type="checkbox"/> (I89.9) Noninfective disorder of lymphatic vessels and nodes, unsp. <input type="checkbox"/> (I97.2) Postmastectomy Lymphedema Syndrome <input type="checkbox"/> (I97.89) Surgical Lymphedema <input type="checkbox"/> (L03.114) Cellulitis <input type="checkbox"/> (L57.8) Radiation Lymphedema <input type="checkbox"/> (Q82.0) Hereditary Lymphedema <input type="checkbox"/> 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: _____	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"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Flat Knit <input type="checkbox"/> Circular Knit Length of need: _____ Qty: <input type="checkbox"/> 4 <input type="checkbox"/> 2 Refill: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Silicone ____ CM <input type="checkbox"/> Pull Tabs <input type="checkbox"/> Extended Wrist <input type="checkbox"/> Zipper <input type="checkbox"/> Shoulder Strap / Cap <input type="checkbox"/> Velcro <input type="checkbox"/> Outer Jacket <input type="checkbox"/> Vented Glove <input type="checkbox"/> Web Spacer Comfort Zones: <input type="checkbox"/> Thumb Web <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow Pocket: <input type="checkbox"/> Dorsal <input type="checkbox"/> Palmar
Brands <input type="checkbox"/> No Preference <input type="checkbox"/> Juzo <input type="checkbox"/> JOBST <input type="checkbox"/> Jaly <input type="checkbox"/> FarrowMed <input type="checkbox"/> THERAFIRM <input type="checkbox"/> CIRCAD <input type="checkbox"/> medi <input type="checkbox"/> SIGVARIS					
Ready Made (Choose One) <input type="checkbox"/> CL I: 15 -20 mmHg <input type="checkbox"/> CL II: 20 - 30 mmHg <input type="checkbox"/> CL III: 30 - 40 mmHg					
Custom Compression (Choose One) <input type="checkbox"/> CCL I: 15 -21 mmHg <input type="checkbox"/> CCL II: 23 - 32 mmHg <input type="checkbox"/> 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

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

