Rx Physician's Prescription

the compression store | Surgical Sock Shop Est. 1998 | compression health

Date:____ /____ /____ required

Patient Info: required

First Name: _____ **Last Name:** _____ **DOB:** ____ /____ /____

Address: _____ **Apt:** _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

Compression Level: required
☐ CL 1: 18-30mmHg (mild) ☐ CL II: 20-30mmHg (moderate) ☐ CL III: 30-40mmHg (firm)

Quantity: (pairs) required
☐6 ☐4 ☐2 Refills: ☐4 ☐3 ☐2 ☐1 Length of Need: _____

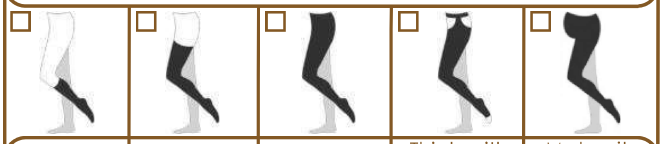
Custom Made: ☐Yes ☐No Reason: _____

Physician Info: required

Physician Name: _____ **Physician Phone:** _____

Physician Signature: _____ **Physician NPI:** _____

Lower Extremity Compression Garments:



☐ Calf ☐ Thigh ☐ Pantyhose ☐ Thigh with waist ☐ Maternity Pantyhose

Inelastic Compression Wraps:



☐ Toe velcro wrap/toe cap ☐ Foot velcro wrap ☐ Calf velcro wrap ☐ Knee velcro wrap ☐ Thigh velcro wrap

Nighttime Garments:



☐ Below Knee ☐ Thigh High ☐ Outer Jacket ☐ Chip Pad

Biker Shorts



☐ Biker Short/ Capri

Lymphedema Pump



☐ Pneumatic compression pump

Maternity/Postpartum Support Wear:



☐ V2 Supporter ☐ Belly Band ☐ Breast Pump ☐ Abdominal Binder

Diagnosis Codes: (ICD10) required

☐ (I83.813) VV of Bilateral Lower Extremities with Pain
☐ (I83.893) VV of BIL lower extremities with other complications
☐ (I87.323) Chronic venous hypertension (idiopathic) with inflammation of BIL lower extremity
☐ (R22.43) Localized swelling, mass and lump, lower limb, bilateral
☐ (I87.2) Venous Insufficiency (chronic) (peripheral)
☐ (R60.0) Localized Edema
☐ (O22.00) VV of Lower Extremity in pregnancy, unsp. trimester
☐ (I89.0) Lymphedema
☐ (Q82.0) Hereditary Lymphedema

Abdominal Binder/ Belly Band:
☐ M54.5 Low Back Pain
☐ M62.81 Muscle Weakness
☐ M54.30 Sciatica

Breast Pump:
☐ Z39.1 Encounter for care and examination of lactating mother

V2 Supporter:
☐ I86.3 Vulvar Varices
☐ O22.10 Vulvar Varicosities in preg. Unsp. Trimester
☐ R10.2 Pelvic and Perineal Pain

☐ Other diagnosis: _____

Specifications:

☐open toe ☐closed toe Brand Preference: _____

Notes:

_____

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