

701 1/2 N. 6th Ave. E.  
 Duluth, MN 55805  
 218/722-7860  
 Fax: 218/722-7872  
 (800)777-4596

3400 W. 66th St.  
 Southdale Place #440  
 Edina, MN 55435  
 952/925-7837  
 Fax: 952/925-1081

# Rx Physician's Prescription

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
 (Required for Insurance Reimbursement)

Physician \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

NPI# \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Ready-To-Wear       Custom \_\_\_\_\_ mmHg

MODERATE

15-20\* mmHg

Minor varicosities, minor varicosities during pregnancy, tired, aching legs, minor ankle, leg and foot swelling and post sclerotherapy

20-30\* mmHg

Moderate to severe varicosities, post surgical, moderate edema, post sclerotherapy, helps prevent recurrence of venous ulcers, moderate to severe varicosities during pregnancy and superficial thrombophlebitis

30-40\* mmHg

Severe varicosities, severe edema, lymphatic edema, management of active ulcers and manifestations of PTS; chronic venous insufficiency, helps prevent PTS and recurrence of venous ulcers, orthostatic hypotension, post surgical and post sclerotherapy

EXTRA FIRM

40+ mmHg

Severe varicosities, severe edema, lymphatic edema, management of active ulcers and manifestations of PTS; chronic venous insufficiency, orthostatic hypotension, postphlebotic syndrome

\* The mean compression for an average ankle size.



KNEE      THIGH      WAIST      CHAPS      MATERNITY      ARM      GLOVE      GAUNTLET      WRAP

# of Pairs \_\_\_\_\_  Open Toe       Left       Right

**\*GRADIENT COMPRESSION STOCKINGS/WRAPS\***

A GRADIENT COMPRESSION STOCKING OR A NON-ELASTIC GRADIENT COMPRESSION WRAP IS **COVERED** WHEN IT IS USED IN THE TREATMENT OF AN **OPEN VENOUS STASIS ULCER**. THEY ARE **NON-COVERED** FOR THE FOLLOWING CONDITIONS: VENOUS INSUFFICIENCY WITHOUT STASIS ULCERS, PREVENTION OF STASIS ULCERS, PREVENTION OF THE REOCCURRENCE OF STASIS ULCERS THAT HAVE HEALED, AND TREATMENT OF LYMPHEDEMA IN THE ABSENCE OF ULCERS.



**COMPRESSION LEVEL  
AT THE ANKLE**

**INDICATIONS**

*15-20 mmHg* →

- Heavy, fatigued, tired 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 upper extremities
- Post-sclerotherapy of small veins

*30-40 mmHg* →

- Moderate to severe varicosities with mild edema during pregnancy
- Mild varicosities with moderate edema
- Post fracture, Post traumatic edema
- After sclerotherapy or phlebectomy of larger veins or after vein stripping to maintain treatment success
- Primary venous ulcer treatment
- CVI Grades I and II\*
- DVP or Post Thrombotic Syndrome
- Mild primary lymphedema after decongestant therapy to maintain reduction, secondary lymphedema or moderate edema of the upper extremities

*40-50 mmHg* →

- Severe varicosities
- Severe edema
- Primary and reversible lymphedema after decongestant therapy for reduction maintenance
- Pronounced CVI (Grades II & III\*)
- Severe Post traumatic and Post fracture edema
- Recurrent venous ulceration (Grade IIIa)
- Severe Post-Thrombotic Syndrome

*50-60 mmHg* →

- Primary lymphedema after decongestant therapy for reduction maintenance
- Severe Post-Thrombotic Syndrome (PTS)

**CONTRAINDICATIONS**

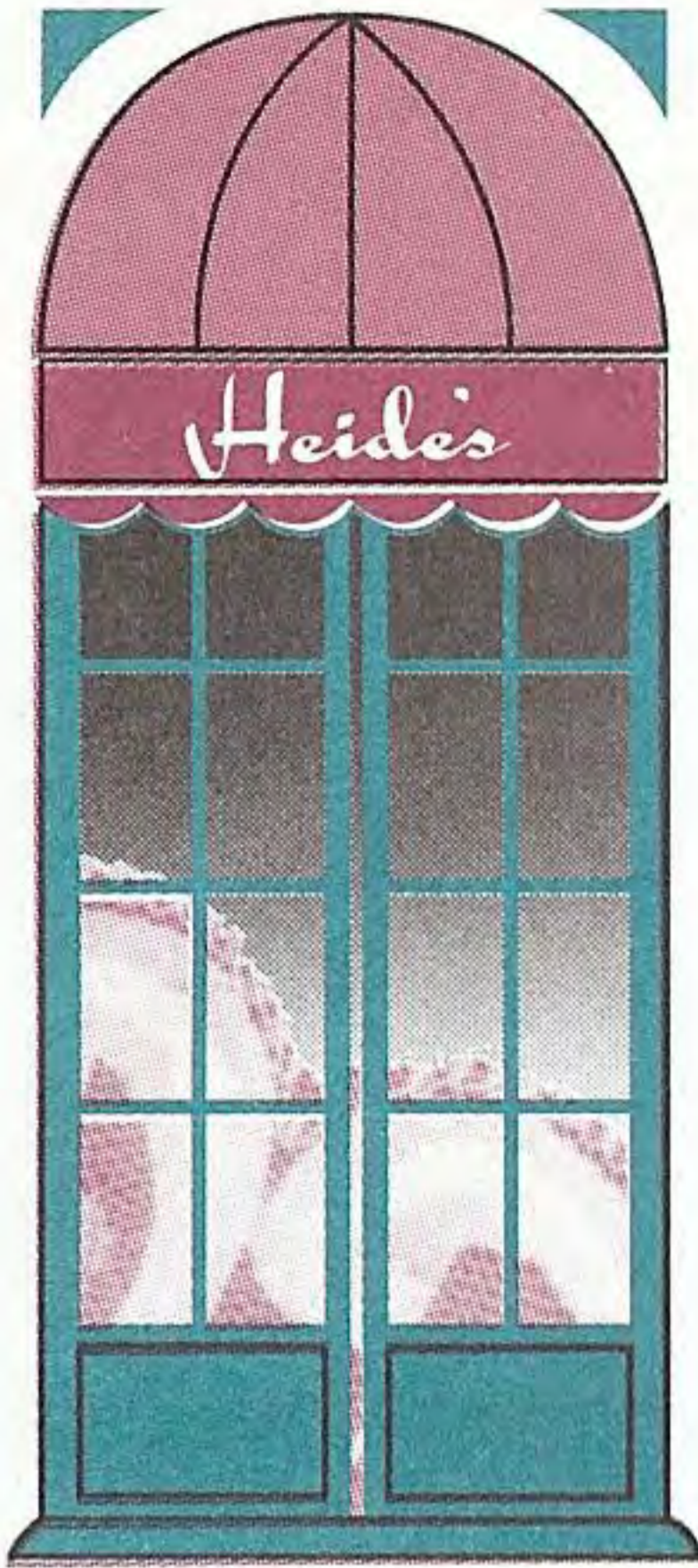
- Arterial insufficiency, intermittent claudication, ischemia
- Uncontrolled congestive heart failure
- Acute dermatitis, weeping dermatosis, cutaneous sepsis

**CAUTION**

- Signs of infection
- Extensive venous ulceration
- Skin sensitivities or allergies
- Neuropathy
- History of diabetes
- Confinement to bed or non-ambulatory use unless otherwise prescribed by the physician

No liability accepted for non-observance of contra-indications and  
\* According to Widmer & Marshal





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# Rx Physician's Prescription

Date \_\_\_\_\_ Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis Code \_\_\_\_\_ (required for insurance reimbursement)      Surgery Side  Left  Right  Bilateral  
 Medically necessary

Physician	Product Description	Quantity	Medicare Code
_____	<input type="checkbox"/> Post-surgery Camisole	_____	L8015
_____	<input type="checkbox"/> Silicone Breast Form	_____	L8030
_____	<input type="checkbox"/> Non-Silicone Breast Form	_____	L8020
_____	<input type="checkbox"/> Post-lumpectomy Partial Silicone Breast Form	_____	L8030
_____	<input type="checkbox"/> Post-surgery Bra	_____	L8000
_____	<input type="checkbox"/> Compression Bra	_____	
_____	<input type="checkbox"/> Compression Arm Sleeve	_____	
_____	<input type="checkbox"/> 15/20 mmHg 20/30 mmHg 30/40 mmHg	_____	
_____	<input type="checkbox"/> Compression Hand Gauntlet/Glove	_____	
_____			

Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 UPIN# \_\_\_\_\_      DEA# \_\_\_\_\_  
 NPI# \_\_\_\_\_  
 Physician's Signature \_\_\_\_\_