



We're so swell - you don't have to be Compression wear it counts.

Specialists in Venous & Lymphatic Insufficiencies

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ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

PATIENT CLINICAL HISTORY

Patient Name: _____

Outpatient, Rehabilitation Lymphedema Treatment Program: Yes No

Name of Hospital or Facility: _____

Diagnosis: I87.2 Venous insufficiency (chronic) (peripheral) I89.0 Lymphedema, not elsewhere classified

Other _____

Affected Extremity: Upper Left Upper Right Lower Left Lower Right Abdomen Buttocks Face/Neck

History includes Cellulitis/Lymphangitis infections: Yes No

Primary Lymphedema: Milroy's Disease (at birth) Lymphedema Praecox Lymphedema Tarda

Klippel-Trenaunay Syndrome Other _____

Secondary Lymphedema (Cancer):

Breast Melanoma Cervical Ovarian Uterine Vulvar Prostate Head/Neck Other _____

If Breast Cancer Surgery: Lumpectomy Mastectomy

Cancer Surgery: Axillary Node Dissection Axillary Node Removal

Groin Node Dissection Groin Node Removal

Month/Year of Surgery: ____/____

Radiation Therapy Chemo Therapy

Secondary Lymphedema (Venous Lymphatic Insufficiency):

Venous Ulcers Dermatitis Weeping fluid Deep Vein Thrombosis (DVT) Post Phlebotic Syndrome Limb

Heaviness Fibrosis Other _____

Completed By: _____

Date: _____

Luna Medical, Inc 02/2016

PRODUCTS REQUESTED

Daytime, Elastic Support:

Manufacturers: Jobst Juzo Lymphedivas Medi Sigvaris Solaris (EXO)

Body Part: Arm Hand Glove Hand Gauntlet Vest Calf Thigh Toe Glove Boxer Capri Pantyhose
 Biker-Shorts Facial/Mandibular

Daytime, Non-Elastic Support:

Manufacturers: BiaCare CircAid Farrow Solaris Juzo

Body Part: Calf/Foot

Nighttime, Non-Elastic Support:

Manufacturers: CircAid JoViPak Peninsula Solaris Biacare Farrow

Body Part: Arm/Hand Vest Calf Thigh Boxer Capri Pants Facial/Mandibular Other _____

Type of Garment:

Customized Garment Ready to wear garment

Compression Class:

15-20 mmHg 20-30mmHg 30-40mmHg 40-50mmHg

Measurements:

Completed By: _____ Date: _____

Luna Medical, Inc 02/2016