



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

Specialists in Venous & Lymphatic Insufficiencies

LUNA MEDICAL, INC. · 1816 WEST BELMONT AVENUE, SUITE 1, CHICAGO, IL 60657

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ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

## FAX COVER SHEET

### NEW PATIENT REFERRAL/REQUEST FOR INSURANCE BENEFITS

Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_ (including cover sheet)

To:	Luna Medical, Inc.	From:	(First name, Last name)
Attn:	<b>Patient Referrals Dept.</b>	Clinic:	
Phone#:	1-800-380-4339	Phone#:	(xxx-xxx-xxxx)
Fax#:	<b>1-888-696-0299</b>	Fax#:	(xxx-xxx-xxxx)

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

ALL REFERRAL FORMS AND MEASURING FORMS CAN BE ACCESSED ON OUR WEBSITE AT [www.lunamedical.com](http://www.lunamedical.com) THESE MEASUREMENT FORMS ARE CONTINUALLY UPDATED SO YOU KNOW WHAT PRODUCTS AND PRODUCT OPTIONS ARE AVAILABLE FROM EACH MANUFACTURER.

**\*ANTICIPATED MEDICAL PRODUCTS (PLEASE CIRCLE):**

**ELASTIC SUPPORT:** JUZO JOBST LYMPHEDIVAS MEDI SIGVARIS SOLARIS

**NON-ELASTIC SUPPORT:** BIACARE CIRCAID FARROW JOVI REIDSLEEVE SOLARIS

\*Luna Medical will obtain a Certificate of Medical Necessity (prescription) for all products requested

#### CHECKLIST:

- Patient Data Form OR copy of Patient Face Sheet from your clinic  
\*Please note name of REFERRING DOCTOR and BEST CONTACT NUMBER FOR PATIENT
- Notice of Privacy Practices Form
- Clinical History Form
- Measurement Form(s) for product(s) ordered

**Special Requests/Comments:** \_\_\_\_\_

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