



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 DATA FORM

***Please have this form completed by your patient to insure correct home address and method of contact**

Patient Information:

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt/Unit# _____

City _____ State _____ Zip _____

Phone (____) _____ Date of Birth ____ / ____ / ____

Preferred Method of Contact:

Luna has gone Green! By providing us with your email, we can help save the Earth. We can email any necessary documents without jeopardizing your Private Health Information, expedite our response time and communicate important information. Our Luna Advocacy Team is also here to discuss any questions, concerns or requests at #1-800-380-4339.

It's imperative that we have a good phone number or email address to contact you when we receive measurements from your therapist. Your contact information is used solely for processing your orders. We review your insurance benefits, financial responsibilities and product orders with you before we proceed with order placement. Please keep in mind that some products require authorization prior to order placement.

EMAIL _____ **PHONE** (____) _____

Ship Medical Products to:

PLEASE CIRCLE: Patient Lymphedema Clinic

Physician Information:

Referring Doctor _____ Referring Doctor Phone (____) _____
First Last

Primary Insurance Information:

Primary Insurance Name _____ I.D.# _____

Benefits/Eligibility Phone (____) _____

Name of Insured (policy holder) _____ D.O.B. of Insured (policy holder) ____ / ____ / ____

Is Medicare the patient's Primary Insurance? ____yes ____no I.D.# _____

Completed by _____ Date _____