

Compression for Lymphedema

Referral Form – send to preferred Compression Dealer custom-made



Date: _____

Clinic Name: _____

Patient Name: _____

Therapist Name: _____

Diagnosis: _____ ICD-10 Code: _____

Physician Signature: _____

NPI #: _____

Refills: _____

Notes: _____

Printed Name: _____

Phone: _____

Upper Extremity

Affected Limb: Left Right Bilateral

Enter quantity of desired style in blank space.

Compression for mediven flat-knit products:

- 15-21 mmHg
- 23-32 mmHg
- 34-46 mmHg

mediven flat-knit products:

- mediven 550
- mediven mondi 350
- glove _____
- gauntlet _____
- arm sleeve _____
- other _____

compliance aids: arm butler _____ application gloves _____

circaid products:

- circaid juxtafit** arm sleeve _____ glove _____
- circaid profile nighttime** arm sleeve _____ glove _____ oversleeve _____
- circaid profile options** finger foam zones fused EZ-on high-energy oversleeve other _____

Lower Extremity

Affected Limb: Left Right Bilateral

Enter quantity of desired style in blank space.

Compression for mediven flat-knit products: **550 only

- 18-21 mmHg
- 23-32 mmHg
- 34-46 mmHg
- 49-60 mmHg**

mediven flat-knit products:

- mediven mondi 350
- mediven cosy 450
- mediven 550
- toe cap _____
- knee _____
- thigh _____
- waist _____
- other _____

compliance aids: leg butler _____ application gloves _____ butler off _____

circaid products:

- circaid juxtafit** lower leg _____ whole leg _____ upper leg _____ upper leg w/knee _____
- circaid foot options** pac band _____ juxtafit afw _____ customizable interlocking _____ other _____
- circaid profile nighttime** lower leg _____ whole leg _____ oversleeve _____
- circaid profile options** Non skid EZ-open panel other _____