

Compression for Lymphedema

Referral Form – send to preferred Compression Dealer ready-to-wear



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: 15-20mmHg 20-30mmHg 30-40mmHg

mediven products:

harmony glove _____ gauntlet _____ arm sleeve _____

comfort arm sleeve _____

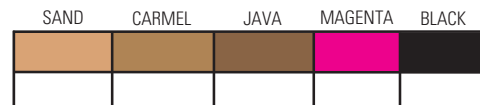
compliance aids arm butler _____ gloves _____

circaid® products:

circaid reduction kit arm sleeve _____ hand wrap _____

trimmable glove _____ head & neck _____ nighttime vest _____

circaid juxtafit arm sleeve _____ hand wrap _____



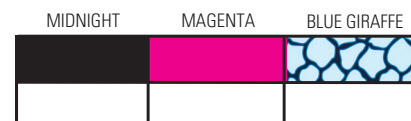
circaid profile nighttime

foam arm sleeve no hand _____

foam arm sleeve with hand _____

energy oversleeve color*

indicate quantity under color choice



Lower Extremity

Affected Limb:

Left

Right

Bilateral

Enter quantity of desired style in blank space.

compression: 15-20mmHg 20-30mmHg 30-40mmHg 40-50mmHg

circular-knit products:

knee _____ thigh _____ waist _____ other _____

compliance aids leg butler _____ gloves _____ butler off _____

circaid products:

circaid reduction kit whole leg _____ lower leg _____ knee _____ upper leg _____ trimmable toe caps _____

lobe _____

circaid juxtafit whole leg _____ lower leg _____ upper leg w/ knee _____

circaid juxtalite HD lower leg _____

circaid foot options juxtalite afw _____ pac band _____

juxtafit premium afw _____ juxtafit premium interlocking afw _____

customizable interlocking afw _____

*sold separately



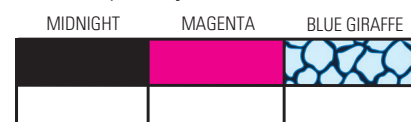
circaid profile nighttime

foam lower leg sleeve _____

foam whole leg sleeve _____

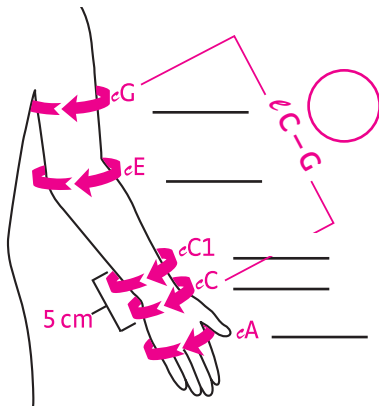
energy oversleeve color*

indicate quantity under color choice

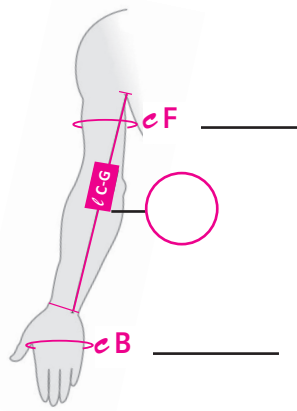


Arm measurements: measurements in cm

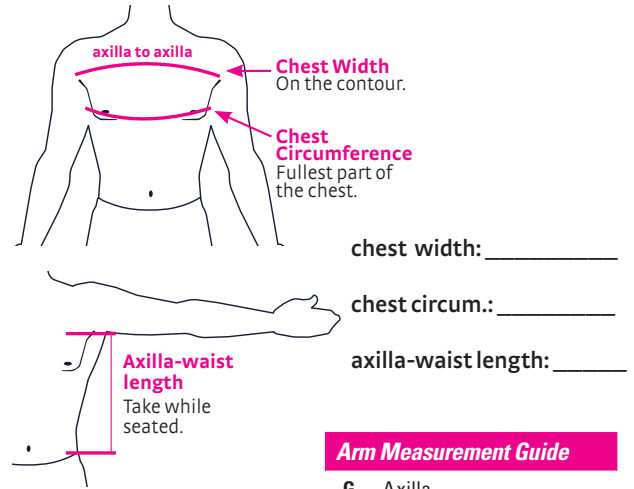
mediven & profile



circaid reduction kit arm



circaid reduction kit vest

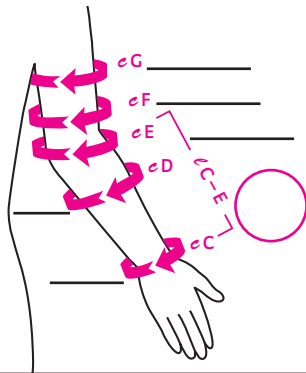


chest width: _____

chest circum.: _____

axilla-waist length: _____

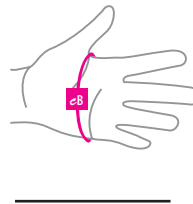
circaid juxtafit arm



mediven harmony hand



circaid juxtafit hand / reduction kit glove

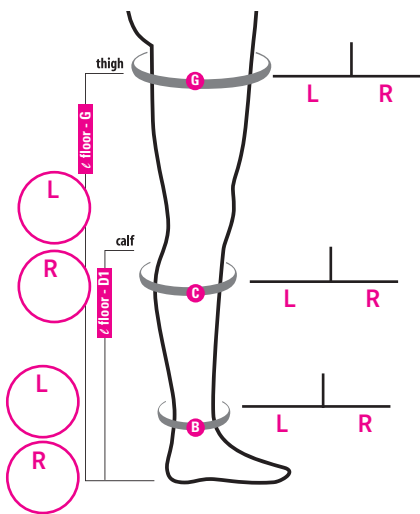


Arm Measurement Guide

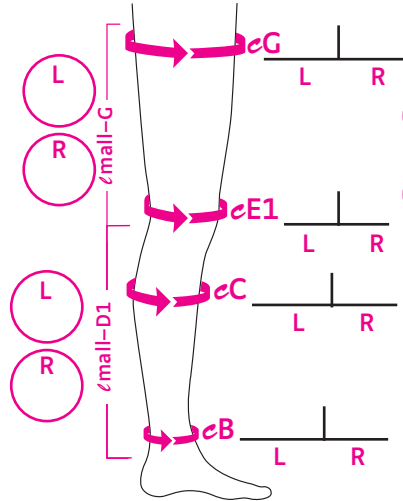
G	Axilla
F	Midpoint of E and G
E	Elbow crease
D	Midpoint of C and E
C1	5cm above C
C	Wrist
B	Base of thumb webbing
A	Base of little finger
ℓ = length	
c = circumference	

Leg measurements: measurements in cm

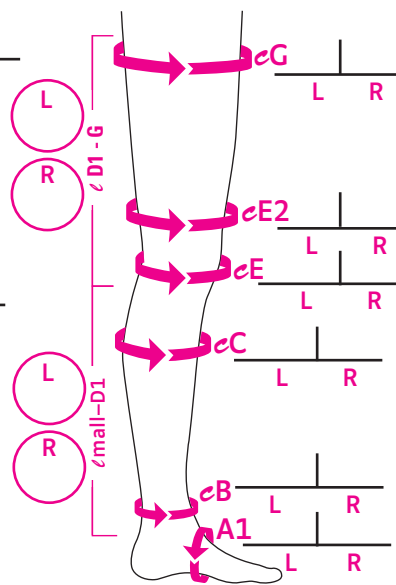
mediven & profile



circaid juxtafit whole leg



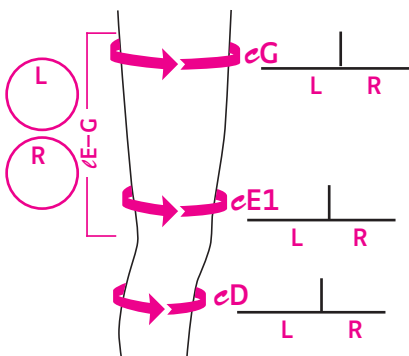
circaid reduction kit leg



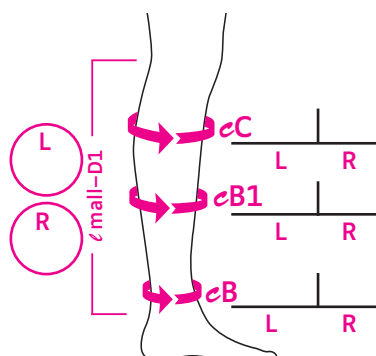
Leg Measurement Guide

G	Groin
F	Mid-thigh
E2	15cm above E
E1	5cm above E
E	Center of patella
D1	Knee crease
D	Slightly below knee
C	Widest part of calf
B1	Between ankle and widest part of calf
B	Narrowest part of ankle above malleolus
A1	Middle of foot
A	Ball of foot
Y	Diagonally around heel over widest part of top of ankle
Z	Heel to base of great toe
mall	Center of malleolus
ℓ = length	
c = circumference	

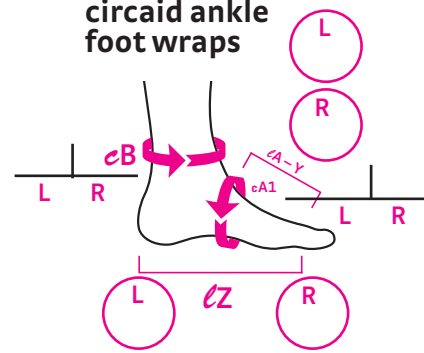
circaid juxtafit upper leg with knee



circaid juxtafit or juxtalite HD lower leg



circaid ankle foot wraps



circaid reduction kit toe cap

