bedard
Pharmacy & Medical Supplies

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Compression Therapy Detailed Written Order

1. Patient Information

Patient Name:_____ DOB:_____ Phone #:_____

Is patient currently in a facility? ☐ Y ☐ N If yes, Facility Name:_____ Facility Phone #:_____

2. Provider Information

Provider Name:_____ NPI #:_____ Phone #:_____

Fax #:_____

3. Diagnosis Information

Diagnosis/ICD-10 Code:_____

Open Venous Statis Ulcer? ☐ Yes ☐ No
(Patient must have an open venous ulcer to qualify for Mediare)

Duration of Treatment:_____ Quantity:_____ pairs Refill Quantity:_____ pairs

4. Physician's Order / Prescription

Compression Level:

☐ 10 - 15 mmHg ☐ 15 - 20 mmHg ☐ 20 - 30 mmHg ☐ 30 - 40 mmHg ☐ 18mmHg (Anti-Embolism Stockings)

☐ 30-50 mmHg Ease Adjust Wrap *(replaces 30-40 mmHg stockings for customers that have a hard time using standard stockings)*

Style:

☐ Knee-High ☐ Ease Adjust Wrap* ☐ Thigh-High ☐ Pantyhose/Tights ☐ Sleeve ☐ Gloves

**Ease Adjust Wraps are a good alternative to traditional stockings for patients with a limited range of motion, low grip strength, or have trouble donning compression stockings.*

Measurements:

inches	Ankle	Calf	Knee (Wrap Only)	Thigh	Length (depends on style)	Waist	Wrist	Palm
Left	inches	inches	inches	inches	inches	inches	inches	inches
Right	inches	inches	inches	inches	inches		inches	inches

Measurements Instructions:
Ankle: narrowest part of ankle, directly above ankle bone **Calf:** widest part of calf **Thigh:** 4" below inseam
Calf Length: 3" below knee to bottom of foot **Thigh Length:** right under buttocks to bottom of foot **Waist Length:** waist to bottom of foot
Wrist: narrowest part of the wrist **Palm:** widest part of hand with thumb extended

Ease Adjust Wrap Measurement Instructions:
Ankle Circumference: narrowest point, directly above ankle bone **Calf Circumference:** widest point of calf
Knee Circumference: just below knee bend **Length:** from floor to knee bend in a straight line

****Compression stockings are not covered by Medicare plans without a diagnosis code of venous stasis ulcers and below a 30-40 compression level****

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for compression therapy. I certify that I am the provider identified in the above section and I certify that the medical necessity information contained in this document is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

Provider Signature:_____ Date:_____

COMPRESSION LEVEL AT THE ANKLE	INDICATIONS
15 - 20 mmHg	• Heavy, fatigued, tired legs • Prophylaxis during pregnancy • Prophylaxis for legs predisposed to risk • Long hours of standing or sitting
20 - 30 mmHg	• Heavy, fatigued, tired, aching legs • Mild varicosities during pregnancy • Mild varicosities with minimal edema • Minimal edema upper extremities • Post-sclerotherapy of small veins
30 - 40 mmHg	• Moderate to severe varicosities with mild edema during pregnancy • Mild varicosities with moderate edema • Post fracture, Post traumatic edema • After sclerotherapy or phlebectomy of larger veins or after vein stripping to • maintain treatment success • Primary venous ulcer treatment • CVI Grades I and II* • DVT or Post Thrombotic Syndrome • Mild primary lymphedema after decongestant therapy to maintain reduction, • secondary lymphedema or moderate edema of the upper extremities
30 - 50 mmHg ***Ease Adjust Inelastic Compression Wrap***	• Good alternative to traditional compression socks for patients with a limited range of motion, low grip strength, or have difficulty donning/doffing socks. • For venous and lymphatic disease • One piece design conforms to calf and reduces the potential for “hot spots” caused by multiple layers of fabric • Seamless straps reduce pressure points • Day or night use

CONTRAINDICATIONS	CAUTION
• Arterial insufficiency, intermittent claudication, ischemia • Uncontrolled congestive heart failure • Acute dermatitis, weeping dermatosis, cutaneous sepsis	• Signs of infection • Extensive venous ulceration • Skin sensitivities or allergies • Neuropathy • History of diabetes • Confinement to bed or non-ambulatory use • unless otherwise prescribed by the physician
No liability accepted for non-observance of contraindications and cautions. *According to Widmer & Marshall	