Physician's Order for Compression Garment

Lake Region HOME MEDICAL SUPPLY
In Partnership with Rice Home Medical

Date of Order: _____

Patient Name: _____ **DOB:** _____

Diagnosis Code(s) supporting need: *(Medicare will only cover for open venous stasis ulcer)*

- ☐ Edema
- ☐ Edema in Pregnancy
- ☐ Post Procedure
- ☐ Lymphedema
- ☐ Lymphedema post mastectomy
- ☐ Other: _____
- ☐ Varicose Veins w/edema, swelling
- ☐ Varicose Veins w/ulcer (stasis ulcer)

What type of compression?

Anti-embolism for non-ambulatory patients short term ☐ **TED Hose** (not billable to insurance)

Graduated compression that promotes circulation; requires measurements and fitting by supplier

- ☐ 15-20 mmHg Mild – Prevention of tired, heavy legs caused by prolonged standing, pregnancy
- ☐ 20-30 mmHg Moderate – Pronounced varicose veins, swollen legs, after sclerotherapy
- ☐ 30-40 mmHg Firm – After deep vein thrombosis, constant leg swelling, open leg ulcer
- ☐ 40-50 mmHg Very Firm – Very pronounced swellings, lymphedema

What Style?

Below Knee
☐ Left ☐ Closed Toe
☐ Right ☐ Open Toe

Thigh
☐ Left ☐ Closed Toe
☐ Right ☐ Open Toe

Thigh w/waist attachment
☐ Left ☐ Closed Toe
☐ Right ☐ Open Toe

Panty
☐ Closed Toe ☐ Open Toe

Maternity Panty
☐ Closed Toe ☐ Open Toe

Custom Made
☐ Leg ☐ Sleeve

Arm Sleeve
☐ Left ☐ Right

Glove
☐ Left ☐ Right

Gauntlet
☐ Left ☐ Right

Other: _____

Length of Need: ☐ 1 month ☐ 12 Months ☐ Lifetime ☐ Other: _____

Quantity: _____ **Refills per year:** _____

Physician Signature: _____ **Date:** _____

Physician Name: (please print) _____ **NPI:** _____

Please have your patient come to Lake Region Home Medical Supply as early in the day as possible for fitting.
You may receive a follow-up Confirmation of Order if this form is not fully completed.

Fax back to: 320-231-4941

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 if any questions.