

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 Stasis Ulcer? Yes No
(Patient must have an open venous ulcer to qualify for Medicare)

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

4. Physician's Order / Prescription

Compression Level:

15 - 20 mmHg 20 - 30 mmHg 30 - 40 mmHg 40 - 50 mmHg 50 - 60 mmHg 18mmHg (Anti-Embolism Stockings)

Style:

Knee-High Thigh-High Pantyhose/Tights Sleeve Gloves Other: _____

Measurements:

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

Instructions for Measurements

Ankle: smallest part of ankle **Calf:** largest 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

Other Items:

Rubber gloves Latex-Free Gloves Donning Device Other: _____

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	<ul style="list-style-type: none"> Heavy, fatigued, tired legs Prophylaxis during pregnancy Prophylaxis for legs predisposed to risk Long hours of standing or sitting
20 - 30 mmHg	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
40 - 50 mmHg	<ul style="list-style-type: none"> Severe varicosities Severe edema Primary and reversible lymphedema after decongestant therapy for reduction maintenance Pronounced CVI (Grades II & III*) Severe Post traumatic and Post fracture edema Recurrent venous ulceration (Grade IIIa) Severe Post-Thrombotic Syndrome
50 - 60 mmHg	<ul style="list-style-type: none"> Primary lymphedema after decongestant therapy for reduction maintenance Severe Post-Thrombotic Syndrome (PTS)

CONTRAINDICATIONS	CAUTION
<ul style="list-style-type: none"> Arterial insufficiency, intermittent claudication, ischemia Uncontrolled congestive heart failure Acute dermatitis, weeping dermatosis, cutaneous sepsis 	<ul style="list-style-type: none"> 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