



Pharmacy & Medical Supplies

Phone: 207-784-3700 | Fax: 207-795-7622

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

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
<p>No liability accepted for non-observance of contraindications and cautions. *According to Widmer & Marshall</p>	