

Compression for Lymphedema

Referral Form – send to preferred Compression Dealer custom-made

medi

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 for mediven flat-knit products:

☐ 15-21 mmHg ☐ 23-32 mmHg ☐ 34-46 mmHg

mediven flat-knit products:

☐ mediven 550 ☐ mediven mondi 350

☐ glove _____ ☐ gauntlet _____ ☐ arm sleeve _____ ☐ other _____

compliance aids: ☐ arm butler _____ ☐ application gloves _____

circaid products:

circaid juxtafit ☐ arm sleeve _____ ☐ glove _____

circaid profile nighttime ☐ arm sleeve _____ ☐ glove _____ ☐ oversleeve _____

circaid profile options ☐ finger foam zones ☐ fused EZ-on ☐ high-energy oversleeve ☐ other _____

Lower Extremity

Affected Limb: ☐ Left ☐ Right ☐ Bilateral

Enter quantity of desired style in blank space.

Compression for mediven flat-knit products: **550 only

☐ 18-21 mmHg ☐ 23-32 mmHg ☐ 34-46 mmHg ☐ 49-60 mmHg**

mediven flat-knit products:

☐ mediven mondi 350 ☐ mediven cosy 450 ☐ mediven 550

☐ toe cap _____ ☐ knee _____ ☐ thigh _____ ☐ waist _____ ☐ other _____

compliance aids: ☐ leg butler _____ ☐ application gloves _____ ☐ butler off _____

circaid products:

circaid juxtafit

☐ lower leg _____ ☐ whole leg _____ ☐ upper leg _____ ☐ upper leg w/knee _____

circaid foot options

☐ pac band _____ ☐ juxtafit afw _____ ☐ customizable interlocking _____ ☐ other _____

circaid profile nighttime ☐ lower leg _____ ☐ whole leg _____ ☐ oversleeve _____

circaid profile options ☐ Non skid ☐ EZ-open panel ☐ other _____