

ORDER FORM

HOSPITAL NAME :

Address:

Phone:

Fax.:

Email:

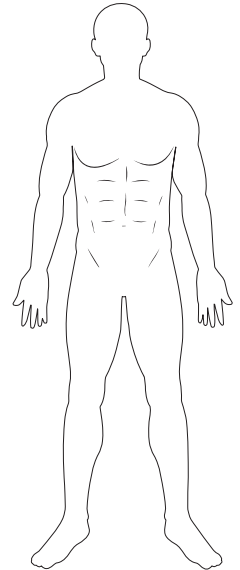
NAME OF THE PATIENT:

Date of birth:

Date:

File #:















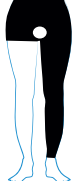
- HEAD/FACE
- UPPER TORSO
- LEFT ARM
- RIGHT ARM
- LEFT HAND
- RIGHT HAND
- LOWER TORSO
- LEFT LEG
- RIGHT LEG
- LEFT FOOT
- RIGHT FOOT



CUSTOM COMPRESSION GARMENTS FOR

- LYMPHEDEMA**
- VASCULAR SUPPORT**

This prescription form should be completed with measurement sheets and additional options if needed

Half Sleeve (Wrist to Elbow) A6505 FF/107	<input type="checkbox"/> 	Anklet Support A6507 FF/406	<input type="checkbox"/> 	Panty Brief, Open or Closed Pubis A6511 FF/400	<input type="checkbox"/> 
Arm Sleeve (Wrist to Axilla) A6506 FF/106	<input type="checkbox"/> 	Stocking extending to Knee A6507 FF/407	<input type="checkbox"/> 	Shorts, Above Knee, closed pubis A6511 FF/401	<input type="checkbox"/> 
Vest with Full Arm Sleeves A6506 RT/LT A6509 - FF/103 (Cups included for Women)	<input type="checkbox"/> 	Leg Sleeve A6508 FF/413	<input type="checkbox"/> 	Shorts, Below Knee, closed pubis FF/405	<input type="checkbox"/> 
Vest with half Sleeves A6509 FF/101	<input type="checkbox"/> 	Thigh High extending from Foot to Upper Thigh A6508 FF/408	<input type="checkbox"/> 	Waist High Panty with Full thigh highs A/6511 + A6508RT/LT FF/404	<input type="checkbox"/> 
Vest with One Full Arm Sleeve A6510 + A6506 FF/102	<input type="checkbox"/> 	One Sleeve with Breast Flap A6510 + A6506 FF/100 Comments: _____ _____ _____	<input type="checkbox"/> 	Waist High Panty with one thigh high A6511 + A6508 FF/402	<input type="checkbox"/> 

It is imperative to the patient's healing that they keep receiving these garments. Patients need new garments approximately every two months because they are worn day and night and their compression and durability will wear over time. Patients will need several sets, depending upon the severity of scarring, the healing ability of the individual and weight fluctuation. Because patient's healing rates and burn severity vary, patients may be required to wear these garments from six months to two years.