









Certified Medical Compression Fitting Specialists for Compression Stockings and Garments

Patient Name		Date
Provider Name	Phone	Facility Name
Diagnosis / ICD-10	Provider Signature X	
Rx:	# Refills	<input type="checkbox"/> Substitution Allowed

Compression Stockings & Garments

- 15-20 mmHg (OTC)
 18-25 mmHg (Diabetic sock)
 20-30 mmHg (Class 1)
 30-40 mmHg (Class 2)
- Other: _____

Style - Lower Extremity					Armsleeve & Hand		
							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calf Sleeves	Knee	Thigh	Panty / Leotard	Plus / Maternity	Arm Sleeve	Gauntlet	Glove

Compression Wraps

- Foot & Ankle
 Lower Leg
 Knee
 Thigh

Accessories

- Grippy Gloves
 Silver/Cotton Liner (Wound Patients)
- Assistive Donning Devices

Notes: _____
