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## Physician's Prescription

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

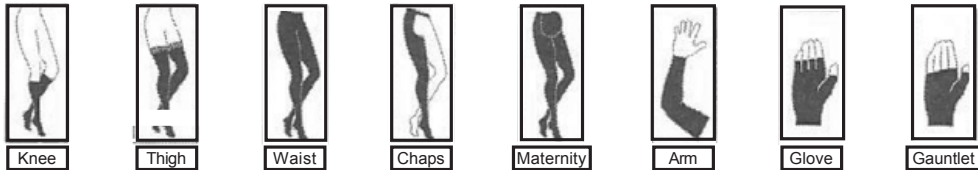
**Doctor Must Select Compression**     *Ready-To-Wear*     *Custom* \_\_\_\_\_ mmHg

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> <b>15-20* mmHg</b><br>• Minor varicosities<br>• Minor varicosities during pregnancy<br>• Tired, aching legs<br>• Minor ankle, leg and foot swelling<br>• Post sclerotherapy<br>• Helps prevent DVT | <input type="checkbox"/> <b>20-30* mmHg</b><br>• Moderate to severe varicosities<br>• Post surgical<br>• Moderate edema<br>• Post sclerotherapy<br>• Helps prevent recurrence of venous ulcers<br>• Moderate to severe varicosities during pregnancy<br>• Superficial thrombophlebitis<br>• Helps prevent DVT | <input type="checkbox"/> <b>30-40* mmHg</b><br>• Severe varicosities<br>• Severe edema<br>• Lymphatic edema<br>• Management of active ulcers and manifestations of PTS<br>• Chronic venous insufficiency<br>• Helps prevent PTS and recurrence of venous ulcers<br>• Orthostatic hypotension<br>• Post surgical and post sclerotherapy<br>• Helps prevent DVT | <input type="checkbox"/> <b>40+ mmHg</b><br>• Severe varicosities<br>• Severe edema<br>• Lymphatic edema<br>• Management of active ulcers and manifestations of PTS<br>• Chronic venous insufficiency<br>• Orthostatic hypotension<br>• Postphlebotic syndrome |
|---|---|---|--|

- Ulcer Care 2 part compression system for venous leg ulcers*  
 units per leg \_\_\_\_\_ Right \_\_\_\_\_ Left
- Ulcer not healed/management of active ulcer*  
 Start Date \_\_\_\_\_ Refills \_\_\_\_\_

The main compression for a average ankle size

**Doctor Must Select Style**    # of Pairs \_\_\_\_\_     Open Toe     Left     Right



Physician Name \_\_\_\_\_

NPI # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_