



8209 Roughrider, 102
San Antonio TX 78239
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Physician's Prescription

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

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

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

Doctor Must Select Compression

Ready-To-Wear Custom mmHg

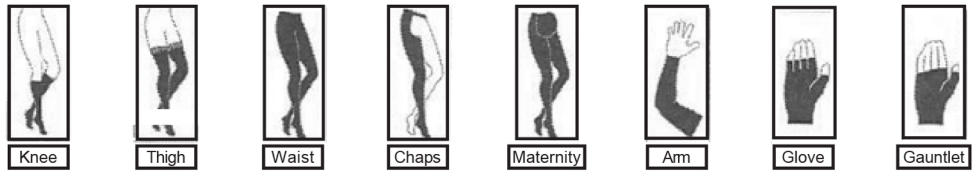
- 15-20\* mmHg
20-30\* mmHg
30-40\* mmHg
40+ mmHg
Minor varicosities
Moderate to severe varicosities
Severe varicosities
Severe edema
Lymphatic edema
Management of active ulcers and manifestations of PTS
Chronic venous insufficiency
Orthostatic hypotension
Postphlebotic syndrome
Tired, aching legs
Post surgical
Moderate edema
Post sclerotherapy
Helps prevent recurrence of venous ulcers
Moderate to severe varicosities during pregnancy
Superficial thrombophlebitis
Helps prevent DVT
Post sclerotherapy
Helps prevent DVT
Ulcer Care 2 part compression system for venous leg ulcers
Ulcer not healed/management of active ulcer

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 \_\_\_\_\_